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3	FOR STATE	DEPART	MENT OF HEALTH	AND MENTAL	HYGIENE	1 5 8	5 8
4	REGISTRAR	MEDICAL	XAMINER'S	CERTIFICATE	OF DEATH RI	EG. NO.	
	DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE		LAST	20. DATE KNOW		AY YEAR 26 HOUR
PELAY IS NECESSARY, PLEASE TO THE FUNERALDIRECTOR. N PAGE 5 FOR YOUR FILES. BE FILED, WITHIN/22 HOURS DS, 201 W PRESTON STREET,	Shar	on		Seibert	OF EST DEATH MATE	ED 0 6 7	1981 M
A CHIEF I	SEX 4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS IF UT			MONTH DA	
STERE	Female 100-14-	Oct. 6,1955	LAST BIRTHDAY) MONT		MIN. PRONOUNCED		7:30
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EBP	Baltimore Md.	U.S.A.	RY? 8. MARR	ED NEVER MARR	P. BALTIMORE	CITY OR COUNTY O	FDEATH
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9600	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR LIF NOT IN SUCH FACILITY, GIVE ST		IER INSTITUTION	12a USUAL OCCUPATIO		KIND OF BUSINESS
238	Baltimore	University			Expediter H	COTOR I IIES 1.	OR INDUSTRY
OX INC	SUAL RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)				21076
2	Maryland Anne	A	OR TOWN	13d. INSIDE CITY LIMITS?	7107 Forest	Are Hen	over Md
4	. FATHER'S NAME	TOTAL DOT	ьеу	YES NO		Ave Inth	over na
54		W. Seifert Sr	AST	15. MOTHER'S MAID	EN NAME MIDDLE		LAST
63				Jesse	Michael	100	
5 16	(YES, NO, ORUNKNOWN) (IF YES, GIV		IAL SECURITY NO.	17. INFORMANT		DRESS	
	(YES, NO, OR UNKNOWN) (IF YES, GIV	21.4	66 1632	Mrs Jess	e Seibert 710	07 Forest	Ave 21076
	18 CAUSE OF DEATH (Enter of	nly ane cause per line far (a), (b),	and (c).)				APPROXIMATE INTERVAL
7	PART I DEATH WAS CAUS	ED BY:	le Injurie			В	ETWEEN ONSET AND DEATH
× ×	2 8120 IMMEDIA	ATE CAUSE (a) MULT I		25			
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Canditians, if any, which		SEGOLINCE OF				
	gave rise to immediate	e / (b)					
	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR AS A CON	SEQUENCE OF				
		(c)					
	PART 2 OTHER SIGNIFICANT CONDITION	CONTRIBUTING TO DEATH BUT NOT RELAT	EO TO THE TERMINAL DISEAS	OR CONDITION GIVEN IN PA	RT 1 (a		
1	ž						
	190. DATE OF OPERATION	196 CONDITION FOR V	VHICH OPERATION W	AS PERFORMED?		20	AUTOPSY?
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7			(A)			and in my apthion	, , ,
-	death resulted fram: Nati	oral causes, Accident	X, Suicide	, Hamicide	Undetermined manner	<u>.</u> .	
	ACTUAL 1140.	YA.	0 h	TITLE (SPECIFY)			
-	SIGNATURE LIVE	me Lation	M	D. Assistant	MEDICAL EXAMINER	DATE SIGNED	6-8-81
7	-						
4	EXAMINER'S NAME (TYPE OR PRINT) VIT	ginia L. Dolan,	M.D.	ADDRESSI	I Penn Stree	†	
	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY O		[23d. LOCATION		
	Burial	June 10, 1981	Meadowrid		CITY OR TOWN	oward COUNTY M	aryland
24	FUNERAL DIRECTOR				REC'D. BY REGISTRAR 25b		
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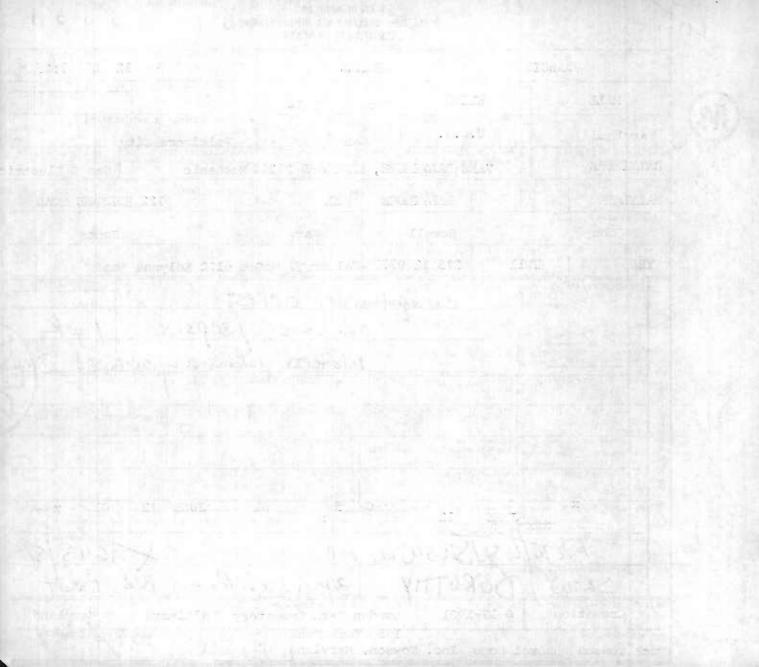
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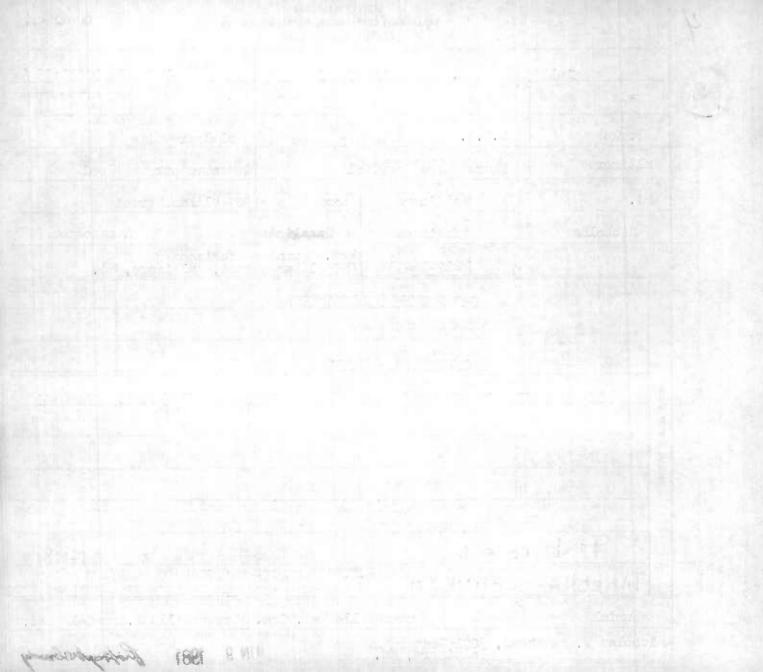
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PE SE	3. SEX	4.	RACE	S DATE OF BIRTH	Lee	6. AGE (IN YEA	RS IF UN	DER I YR.	IF UNDER		2c. DATE		MONTH	DAY	YEAR	8 :49 A
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L RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 ULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS N "PENDING" IN PENCIL IN ITEM 18, GIVE PAGES 1, 2, AND 3 TO THE FL EF MEDICAL EXAMINER ALONG WITH FORM PM. 3. FRAIN PAGE 5 ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 2013 AL, CREMATION, OR REMOVAL.		TY OR TOWN OF		11. NAME OF HOSE (IF NOT IN SUCH FACE 713 W.	ILITY GIVES	RSINGHOME TREET ADDRESS) er Stre		ER INSTITUT	TION		JAL OCCUP		PE OF WORK		D OF BU INDUSTR	SINESS
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EXAMINER: CERTIFICATION ULD BE FOR DIRECTOR: WITH THE: AARYLAND		death resulted	from: Natur	al causes .	Accident	, Sui	cide .	, Homic	ide .	Undet	ermined mo	nner 🗌				
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로 프로		SIGNATURE	lugin	ia Lly	olas	11	<u>)</u> m.	_{D.} Ass i	stant	MED	ICAL EXAM	INER	DATE	_{ED} 6/	11/8	
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE ST. BALTIMORE, MARYLAND, 2		EXAMINER'S N (TYPE OR PRINT	AME V	Irginia L.	Doi	an, M.	D	ADDRESS_	111	Penn	St.	Ba!	to.,	MD.	D.S	
PAR PER T	23a.Bl	PEC IFY \	ON, REMOVAL 2	3b. DATE	23¢. 1	NAME OF CEM			ORY	23d. LC	CATION OR TOWN		cou	NIY	57.	ATE
BP			BURIAL	6/15/81	CR	OWNSVI	LLE V	VA. CE	EM.		ROWNS	VILLE			MD	1
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

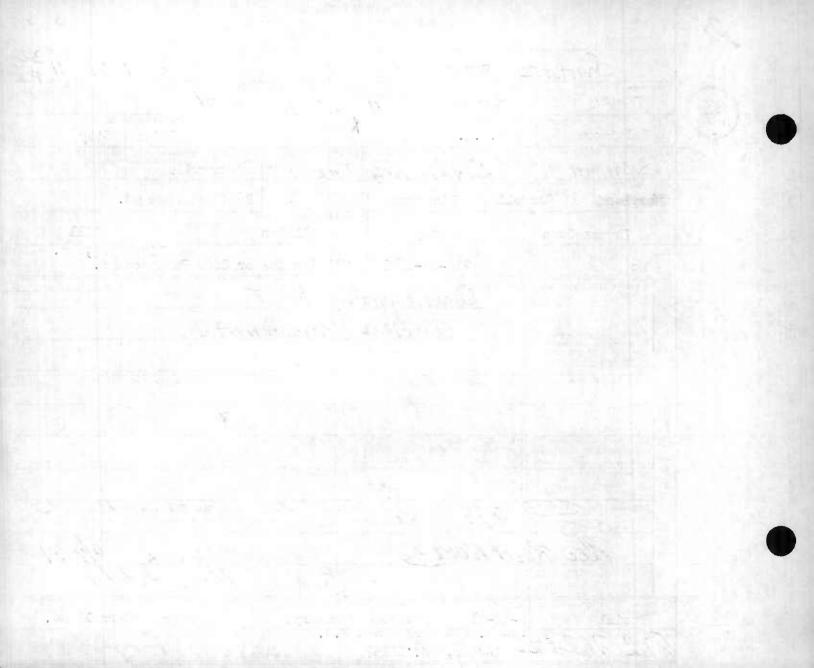
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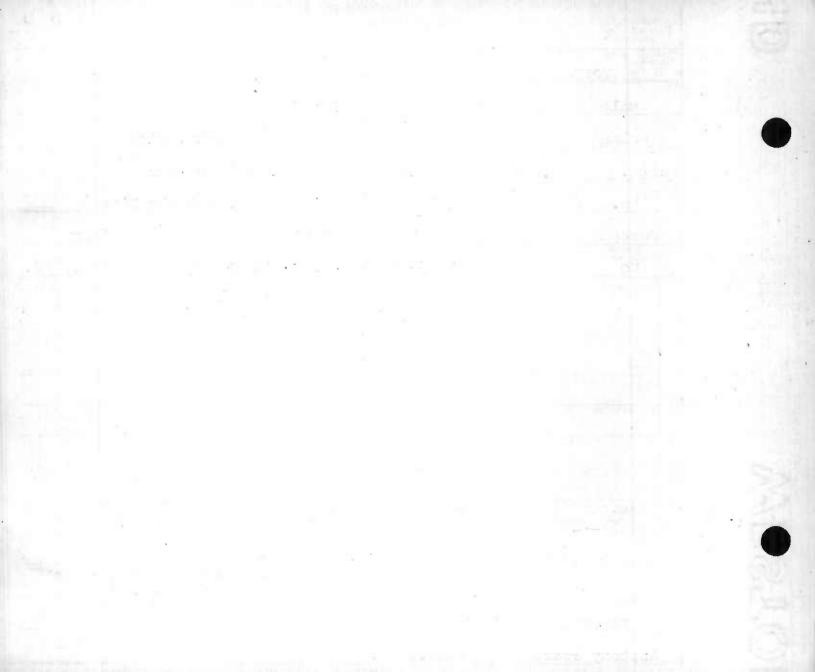


3	FOR STATE REGISTRAR	DEPARTA	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	150	6 3
	DECEASED NAME FIRST (14PE OR PRINT) Chorbot	te Cavey	Shamer	20 DATE OF DEATH	6 9 81	26. HOURS
d Silver	Temale .	4. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 39	6 AGE (IN YEARS LAST BIRT		HOURS MIN.
38 - 80	Baltimore	76. CITIZEN OF WHAT COUNTRY? U $_{\bullet}S$ $_{\bullet}A$ $_{\bullet}$	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OF		MD.
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Completely ond 2 sh	FATHER'S NAME FIRST Thomas Owen	MIDDLE Cavey	is mother's maiden No.		Dil	1
Poges Medica	WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU 218-46-1		amer 2600 Pa		Md. 210
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DIRECTOR: oched for us Dept. of He If Item 21 is:	22a.1 certify that (I (this hospi	toll ottended the deceosed from 19	, ond that in (my) (our) opinion DEGREE ATTENDING	MEDICAL STAF	27c DATE &	
0 9 4 9	224. PHYSICIAN'S NAME (TYPE C	R PRINT)	PHYSICIAN 22e ADDRESS	DIRECTOR PHYSICI	1/2///	01
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial		ame of CEMETERY OR CREMATORY capsco Cemetery	23d. LOCATION CHYOR TOWN FINKS DU	rg Carroll	Md STATE
16 30M 2/80 (A 15, 4)	FONERAL DIRECTOR	omas D. Fletcher 54 East Mairest.	250. DA	TE REC'D. BY REGISTRAR	Sh REGISTRAR'S SKENATH	Varly



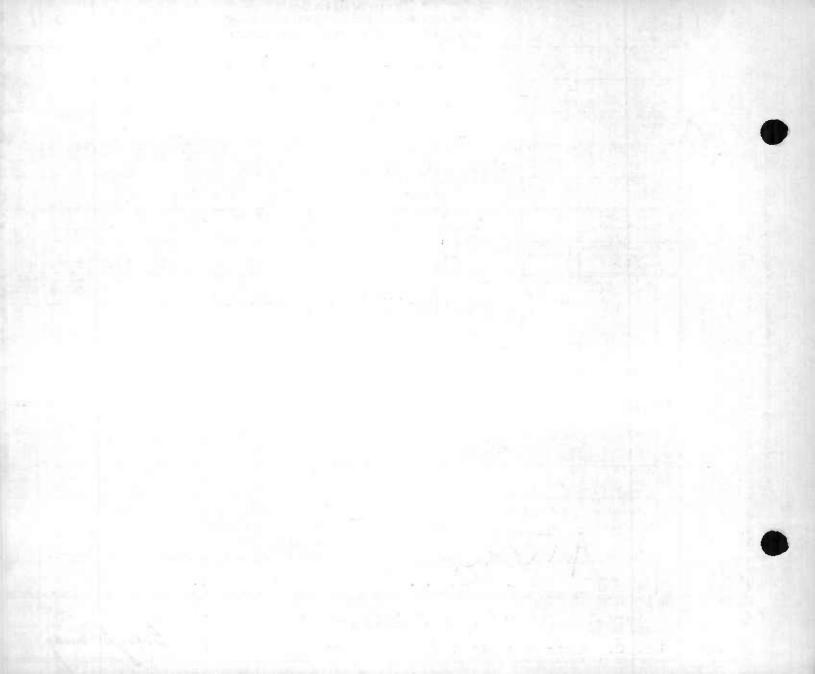
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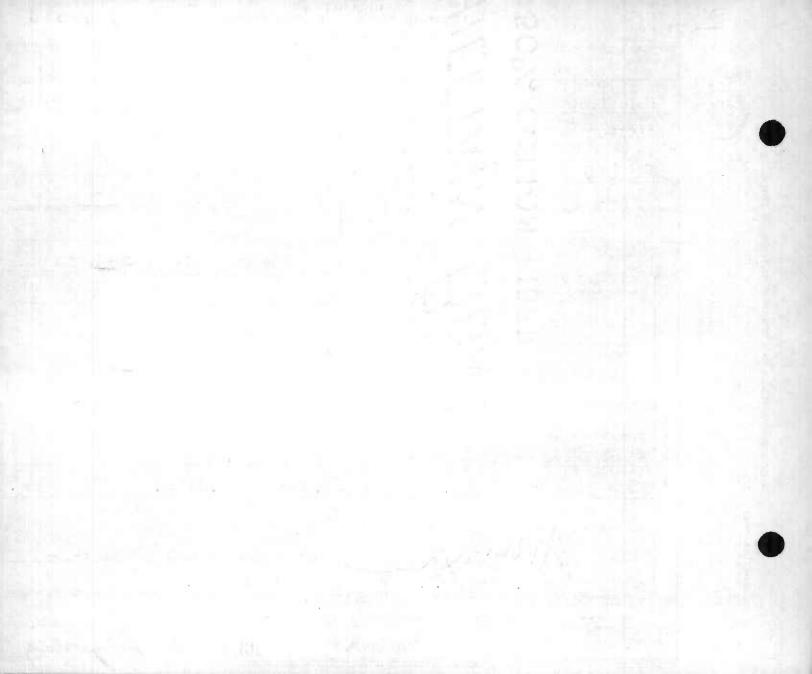
DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN X MONTH 2b. HOUR (TYPE OR PRINT) H. IF ANY DELÂY ÎS NECESSARY, PLEASE 1, 2, AND 3 TO THE FUNERAL DIRECTOR. A 3. SETAINT PAGE 5 FOR YOUR FILES. S SHOULD BEFLIED, WITHIN 72 HOURS. TAL RECORDS, 201 W. PRESTON STREET. OF ESTI-19 81 **HERBERT** SHARPE (SHARP) 6 6 DEATH MATED JR. 3 SEX 4. RACE DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HR 2d HOUR DATE 5 DAY LAST BIRTHDAY) PRONOUNCED 2:17 19 81 6 15 29 52 6 DEAD male negro DM 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED K FOREIGN COUNTRY) USA MD Baltimore City WIDOWED [DIVORCED 10. CITY OR TOWN OF DEATH IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a, USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! Baltimore City Hospital (DOA) Baltimore USUAL RESIDENCE (IF IN NU MAN OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) ISUAL ... MD DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 632 Main Baltimore 13d. INSIDE CITY LIMITS? EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDID BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF PAGE 4 SHOULD BE FORWARDED TO THE WORD "PENDID" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, TO FUNERAL DIRECTOR: PAGES 1, 2, AFTER DEATH, WITH FORM PM 3. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF WHAL! IN MENTAL HYGIENE, DIVISION OF WHAL! 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Sharpe Ella MIDDLE Herbert Sr. Young 17 INFORMAN 16b. SOCIAL SECURITY NO ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? YES, NO OR UNKNOWN) 212-26-8028 Annie Mae Trent 632 Main St. APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES K NO [] 2 To EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY OR YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 21e PLACE OF INJURY (ATHOME. 21d INJURY OCCURRED TIL LOCATION STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE AT WORK NOT WHILE AT WORK 22e I certify that I took charge of the remains described above, held an Autopsy Inspection ond in my apinian deoth resulted fram: Hamicide Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 6-7-81 Assistant SIGNATURE Dixon. M.D. 111 Penn St. XAMINER'S NAME TYPE OR PRINT ADDRESS 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Baltimore MD 6/10/81 Burial Baltimore Cemetery BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% 1981 1101 E. North Ave. **DHMH-17** C. March F/H (VR A15 ME (5))

15M 2/80

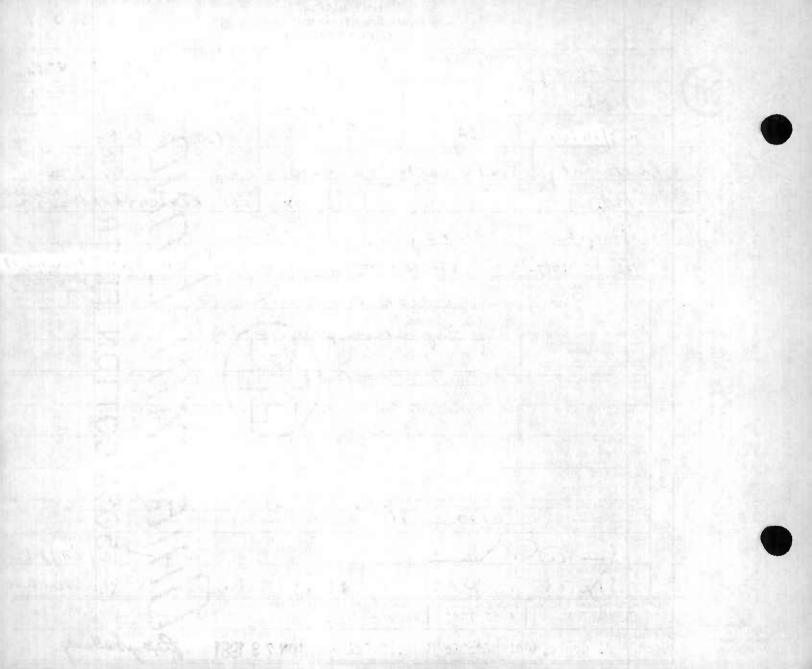


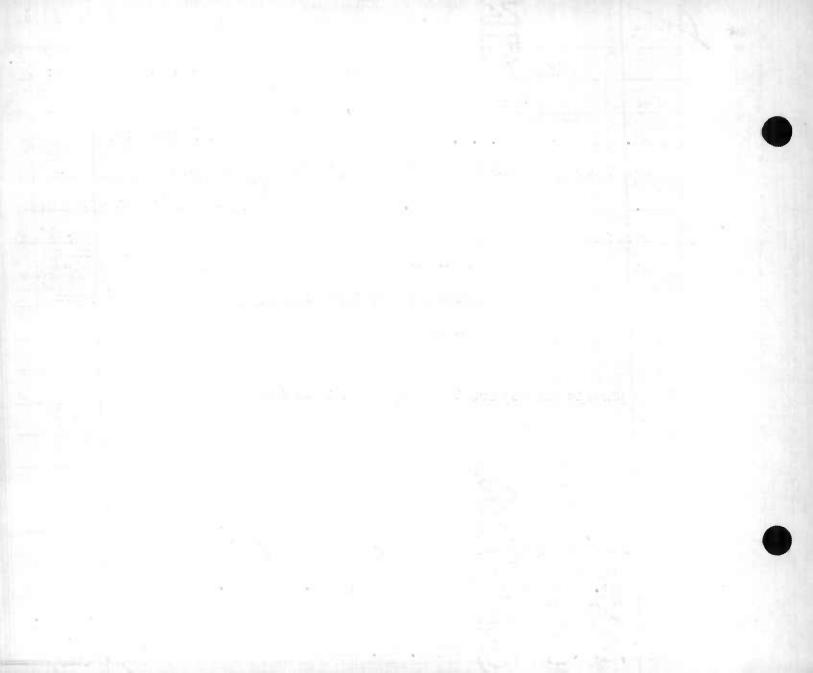
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN IX 2a. DATE 7h HOUR (TYPE OR PRINT) ESTI-KIM SHAW A. DEATH MATED 6 1981 3 SEX 4. RACE 5. DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR DATE момтн PRONOUNCED 20 14 60 DEAD 1081 2a M female negro 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED FOREIGN COUNTRY BALTIMORE USA Baltimore City WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE! University Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 773 W. SARATOGA ST . BALTIMORE MD. YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE UNKNOWN UNKNOWN 17. INFORMANT ADDRESS 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ED AS A BURIAL - TRANSIT REMIT PACES. HEALTH AND MENTAL HYGIENE, DIVISION IL, CREMATION, OR REMOVAL (YES, NO, OR UNKNOWN) 773 W. SARATOGA ST. RUBY LIPSCOMB APPROXIMATE INTERVAL CAUSE OF DEATH (Enter anly one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Multiple stab wounds IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate DIVISION OF VITAL RECORDS, 201 W. couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED AS WARDED TO THE CHIEF N PAGE 3 SHOULD BE USED A STATE DEPARTMENT OF HEA 21201 PRIOR TO BURIAL, C 19g. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO | 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING DOR 2:15-xx 6-29-Subject stabbed. 19 81 CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 71f LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) Md. ₩. Saratoga St.,Baïto. PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE D BALTIMORE, MARYLAND, 21201 WHILE AT WORK 22a I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry Homicide X death resulted from: Undetermined monner TITLE (SPECIFY) ACTUAL 6-29-81 Assistant MEDICAL EXAMINER SIGNATURE M.D. 111 Penn St. EXAMINER'S NAME Ann'M. Dixon. TYPE OR PRINT ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE BALTIMORE CEMETERY BALTIMORE.

BY REGISTRAR 1256, REGISTRAR'S SIGNATURE BURIAL 24. FUNERAL DIRECTOR W.C. MARCH F/H 110°PRESE. NORTH AVE. DHMH - 17 (VR A15 ME (5)) 15M 2/80



3. SEX Jo. BIRTHPLACE (STATE OR FOREIGN TO CITIZE COUNTRY) Pennsulvania 10. CITY OR TOWN OF DEATH Salto CA Salto CA Salto CA Salto	WHITE MATEUNITRY? & MATEUR MAT	DATE OF BIRTH MONTH ATCH 16, 1909 VARRIED NEVER MARRIED	20. DATE OF DEATH MONTH 6. AGE (IN YEARS LAST BIRTHDAY) 72 YRS	DAY YEAR 26 HO 26/8/ 4: IF UNDER LYEAR IF UND MONTHS DAYS HOURS
De BIRTHPLACE (STATE OR FOREIGN TO CITIZE COUNTRY) Pennsylvania 10. CITY OR TOWN OF DEATH STATES OF THE PROPERTY OF THE PRO	WHITE MATEUNITRY? & MATEUR MAT	arch 16, 1909	72 YRS	
Pennsulvania 10. CITY OR TOWN OF DEATH 11. NAM Bulto CITY ST	ZEN OF WHAT COUNTRY? IS M	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
3 Bulto City 50		DOWED DIVORCED	9 BALTIMORE CITY OR COUNT Balto.	ity
	ME OF HOSPITAL, NURSING HO NOT IN SUCH FACILITY, GIVE STREET ADDRE	Pen. Horp.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI	IZ KIND OF BUSINDUSTRY U. S. Nat
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSI	STITUTION GIVE RESIDENCE BEFORE ADMA 13c. CITY OR TOWN Pasadena	13d INSIDE CITY LIMITS? YES NO	1105 pector 130. STREET ADDRESS 175 Kenwo	vd pd. 21
14. FATHER'S NAME FIRST Joseph MIDDLE	Shager	15. MOTHER'S MAIDEN NAM	wh. MIDDLE	LAST
160. WAS DECEASED EVER IN U.S. ARMED FOR (YES, NO OR UNKNOWN) (IF YES, GIVE WAR ORD 1927-1943	DATES)		ADDRESS LUCK -1.75 KOMMON	d Doad Dai
18. CAUSE OF DEATH (Enter only one co	0	pulsimais a	wint	BETWEEN ONSET AN
	E TO, OR AS A CONSEQUENCE	OF		1 2/90
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Z owner of the control of the contro	CONDITION FOR WHICH OPER	RATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS US IFYING CAUSES OF DEA ES NO
	TIME OF INJURY OUR A.M. MONTH DAY P.M.	19	ED (ENTER NATURE OF INJURY IN ITEM 18.	PART I OR PART 2)
हे 21d. INJURY OCCURRED 21e. I	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE, FARM &	21f. LOCATION STREET	CITY OR TOWN	COUNTY
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ZZA PHYSICAN'S NAME (TITED TO SEE SEE SEE SEE SEE SEE SEE SEE SEE SE	la.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNE
AND CE TO STORY ST	MASI	220. ADDRESS S.	Harrer St	- Balto
230. BURIAL CREMATION, REMOVAL 236. D. (SPECCREMATION 6/	1	E OF CEMETERY OR CREMATORY	23d LOCATION	





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	1	FOR STATE REGISTRAR	DI	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	1 5	5 7 2
2 =		CEASED NAME FIRST	MIDDLE	allasta	20. DATE OF DEATH		-
deoth /	3. SE:	thel	4 RACE	S PTOTUS	6 - 29		B: ZOAM
13.0	1	EMALE	BLACK	MONTH DAY YEAR 10 21 1923	57	YRS.	YS HOURS MIN.
	7a. BI	RTHPLACE (STATE OR FOREIGN DUNTRY)	76 CITIZEN OF WHAT COU	MARRIED NEVER MARRIED C	DAILIA	RCOUNTY OF DEATH	
Contified		BAL + IMORE	11. NAME OF HOSPITAL,	NURSING HOME OR OTHER INSTITUTION VESTREET ADDRESS) LOS PITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTR	OF BUSINESS OR RY
2	USU.	AL RESIDENCE (IF NURSING HOME COTATE 136 COU	OR OTHER INSTITUTION, GIVE RESIDEN	CE BEFORE ADMISSION) DR TOWN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	MARYLANO	1. 21217
miner		THER'S NAME	MIDDLE /	YES NO I		110h St. DOLT	LAST /
3:20	160 V	HRCHIE VAS DECEASED EVER IN U.S. A		NNEY DARAH	ADDRE	HADERS	21717
medica			VE WAR OR DATES)	40-8430 Mr. Charles	E Shorts	2365 MCU	110h street
prior to burial, cremation ony injury, or ather traum	CERTIFICATION	Conditions, if only, which gove rise to immediate couse (io), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT 19a DATE OF OPERATION		NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE TER WHICH OPERATION WAS PERFORMED	MINAL DISEASE OR CONI	20b. IF YES, WERE FIN	DINGS USED
ows ows	TIFIC				YES NO	IN CERTIFYING CAUS	SES OF DEATH?
Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE	EAIN	TH DAY YEAR	RRED (ENTER NATURE OF INJUR	LY IN ITEM 18, PART 1 OR PART 2	2)
rked ar	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY.		CITY OR TOW	county	STATE
of Healt 21 is ma		22s.1 certify that (I) (this has saw the deceased alive a others. (I) (we) (did) (did	0/21/8	on 19 , ond that in (my) (our) opinio	n death accurred on the do	ote and hour and from t	_, that (I) (we) lost the causes stated
te Dept.		27% SIGNATURE	No week death	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F _ /	TE SIGNED /
should be deto with the State IMPORTANT: I		GAS DAR	Del Monto	22e ADDRESS	benty /	Feets	
shoul With MPO	23a (SURIAL, CREMATION, REMOVA	The second second	23c. NAME OF CEMETERY OR CREMATORY	CITY OF TOWN	a of The Mil	South and
OM 7/77	24. FI	JNERAL DIRECTOR		MT. AUBURN CEMETER	Antonio de la Constitució de l	75L REGISTRALS SIGN	ON Beach
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			STATE OF MARYLAND	9 19
6	1-	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 REG. NO.	6/3
		CEASED NAME FIRST .	MIDDLE 20, DATE OF DEATH MONTH DAY	YEAR 26 HOUR
deoth	(11176	SATHERI	NE SARKOWSKI 6 26	81 9 20
	3. SE		RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER I YEAR IF UNDER 24 HRS
1		F. 1	\mathcal{N} And \mathcal{N} Ano	S DAYS HOURS MIN.
Me L	Jan Bi	RTHPLACE (STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	EATH
15/3	1	MARYLAND	U.S.A. WIDOWED DIVORCED DI CITY	MD
8 4	10. C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 12	b. KIND OF BUSINESS OR
0/13	1	BALTIMORELL	(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WITHERAN HOSP (TYPEDE WORK FOR MOST OF WORKING LIFE) IN HOME MAKEN	DUSTRY
Pop	USU.		Ther institution, give residence before admission)	175
35	٨	ND A	A BALTO. YES NO D 1213 LIGHT 2	810 6" 57
ine	14. FA	THER'S NAME	15. MOTHER'S MAIDEN NAME	
120		INSEDH .	TRAULINSKI TO SEPHINE SAI	10 H
icol			ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT, ADDRESS	14011
medico	1.	YEL HOOM NOWN! (IF YES, GIVE V	WAR OR DATES) 217 056503 JOHN STARKOWSKI	SAME
- 4		CAUSE OF DEATH (Enter only	ane cause per line for (91,96), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, 1		PART 1. DEATH WAS CAUSED	BY: Council And only Market	BETWEEN ONSET AND DEATH
		immediate	CA05E (0)	
ou, o		Canditians, if any, which	DUE TO, OR AS A CONSEQUENCE OF July Day Duly	
rtro		gave rise to immediate cause (a), stating the	(6)	
or other troumatic		underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF	
ry, or		PART 2. OTHER SIGNIFICANT CO	(C) NOTITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN	V PART 1(a)
y injury,	NO O			
ony	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WE	RE FINDINGS USED G CAUSES OF DEATH?
Sm o	TE		YES NOW YES	NO [
18 sh	CER	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 C	OR PART 2)
Fe 4	SAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	P.M. 19	
ā	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET CITY OR TOWN	COUNTY STATE
morked	E	AT WORK NOT WHILE	(AL HOME, STREET, PACTORY, OFFICE FARM, ETC.)	
E S		22a I certify that (I) (this haspital	1) attended the deceased from which 20 19 81 to June 26 19	8 , that (I) (we) last
2		saw the deceased alive an_ abave, (1) (we) (did) (did nat)	and that iii (iiiy) (dut) aptition death occurred an the date and naur and	Iram the causes stated
#e#		22b. SIGNATURE		22c. DATE SIGNED
-		7	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	626 81
TANT:		22d. PHYSICIAN'S NAME (TYPE OR P	PRINT) 224. ADDRESS	
E 02		ARUNKI	1MAR	
MPO	73s. I		23b. DATE / 23c NAME OF CEMETERY OR CREMATORY 23d TOCATION	
000	1	15118:11	4/30/81/ HOLY ROSARY MATTIMAR	~ mn
A 2/80	24,5	MERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 351. REGISTRAR	SIGNATURE
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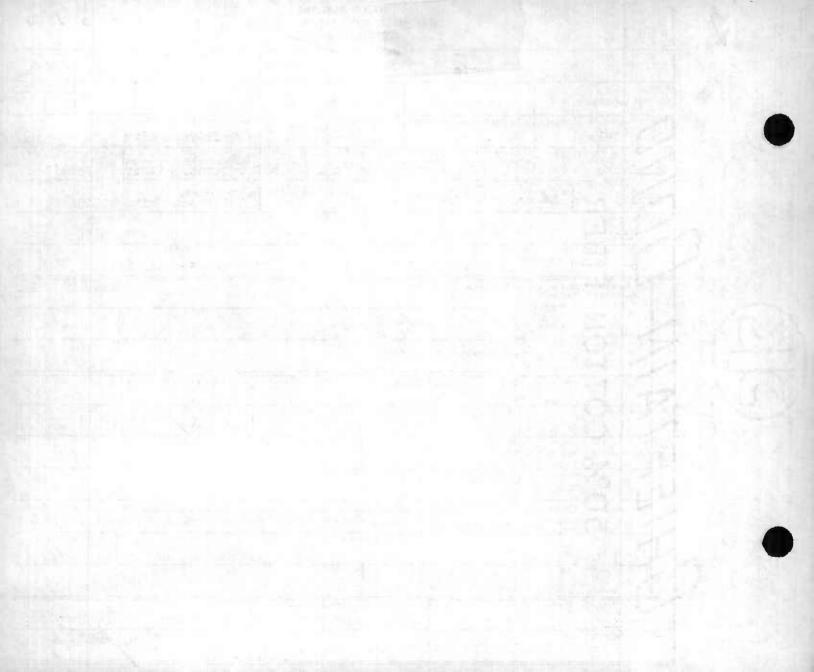
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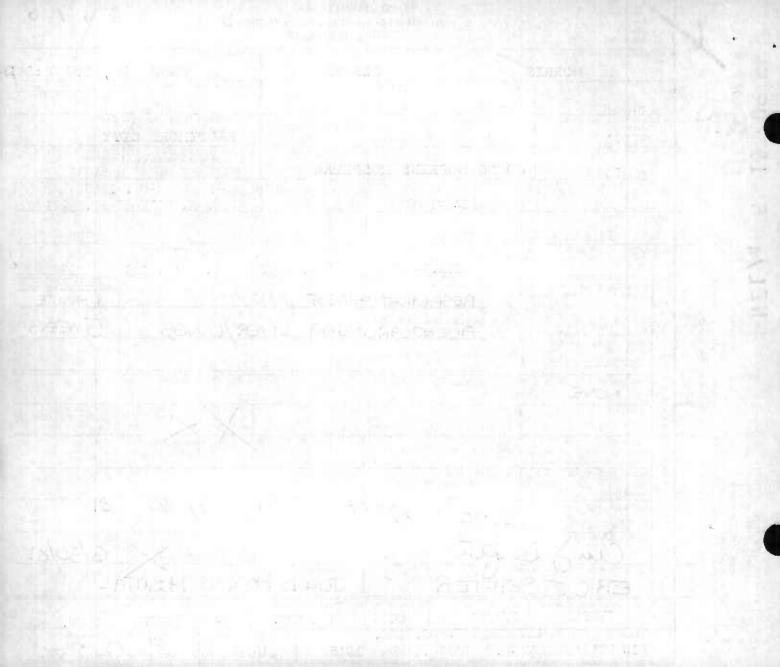
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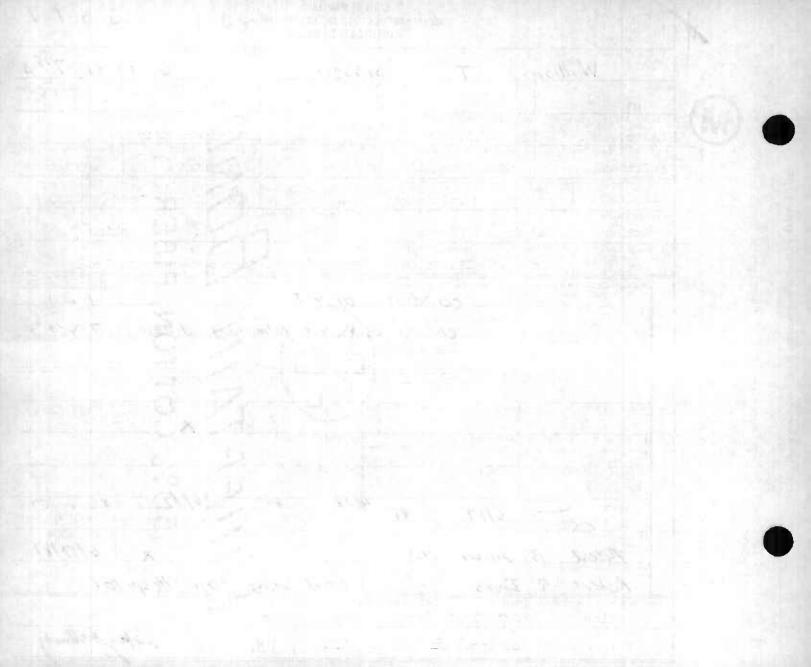
(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



. 4	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 1 1	5676
200	1. DECEASED NAME FIRST	MIDDLE	LAST		DAY YEAR 2b. HOUR
LA ati	MORR	IS	SIROTA	JUNE	30,1981 8:30
000	1. SEX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
-8/20	MALE	WHITE	MAY 10, 1902	79 yrs.	
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMORE C	
. 93. 33	10 CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSE (IF NOT IN SUCH FACILITY, GIVE STREE JOHNS HOPKIN	NG HOME OR OTHER INSTITUTION T ADDRESS) TO SPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE MERCHANT	126 KIND OF BUSINESS OR INDUSTRY RETAIL
IND 212		OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR UNITY 13c. CITY OR TOV BALTIMO	VN 134 INSIDE CITY LIMITS?		. 1203
MARYLA and such and 2 th	FATHER'S NAME FIRST WILLIAM	MIDDLE LAST SIROTA	15. MOTHER'S MAIDEN N		BOBER
IMORE.	160. WAS DECEASED EVER IN U.S. (15 NO OR UNKNOWN) (15 YES,	ARMED FORCES? 166 SOCIAL SEC GIVE WAR OR DATES) 017-22-		S. JENNIE STROTA VERT ST., APT, 12	03 #21202
that the death tell from the tree is the certain physic as i emery ecreanism physic as i emery ecreanism is certainally event, if it is the traumatic event, if it is it is the traumatic event, if it is it is the traumatic event, if it is it	Canditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	only one cause per line far (a), (b), a SED BY: (ATE CAUSE (a) RESPLEA DUE TO, OR AS A CONSEOL (b) ADENO DUE TO, OR AS A CONSEOL (c)	CARCINOMA LI	VER/LUNGS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1 MINUTE 5 WEEKS
RDS, 20 equirent or specification of them pietre or the burst of the burst or the burst of burst or the burst or the burst or the burst of burst or the burst of burst or the burst or the burst of burst or the burst or the burst or the burst o	_	T CONDITIONS <u>CONTRIBUTING TO</u>	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	EN IN PART 1(0)
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OF VIT. OF VIT. OF VIT. OF VIT. OF VIT.	OD CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH C	PAY YEAR 19	RRED ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
WISION Office Person office Pe	(IF EITHER NOTIFY MEDICAL EXAMILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN objected of ECTORS of ed for use of m 21 a me	sow the deceased alive	spital) ottended the deceosed from, an 30 19 nat) view the body after death.	And that in (my) (our) apinio	n death occurred anothe date and hour	19, that (i) (we) last rand from the causes stated
TALOR by the how the how the house detached by the hotel Districts Day	Cin S.	Derfter	ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	6/30/81
O HOSPITA etained by TO FUNER should be d with the Sto MPORTAN	22d. PHYSICIAN'S NAME TYPE	SEIFTER	SUHOL	HOPKINS HOSPI	TAL
110 BP	230 BURIAL, CREMATION, REMOVE (SPECIFY) BURIAL	7/1/81	NAME OF CEMETERY OF CREMATORY BETH EL MEM. PARK	RANDALLSTOWN	BALTO, MD
DHMH-16 30M 2/80 (VRA 15, 4)	24 FUNERAL DIRECTOR SUL 6010 REISTERTO	LÉVINSON & BROS. DWN RD. BALTO,	, INC. 250. DA	ATE REC'D, BY REGISTRAR 256 REGIST	RAR'S SIGNATURE



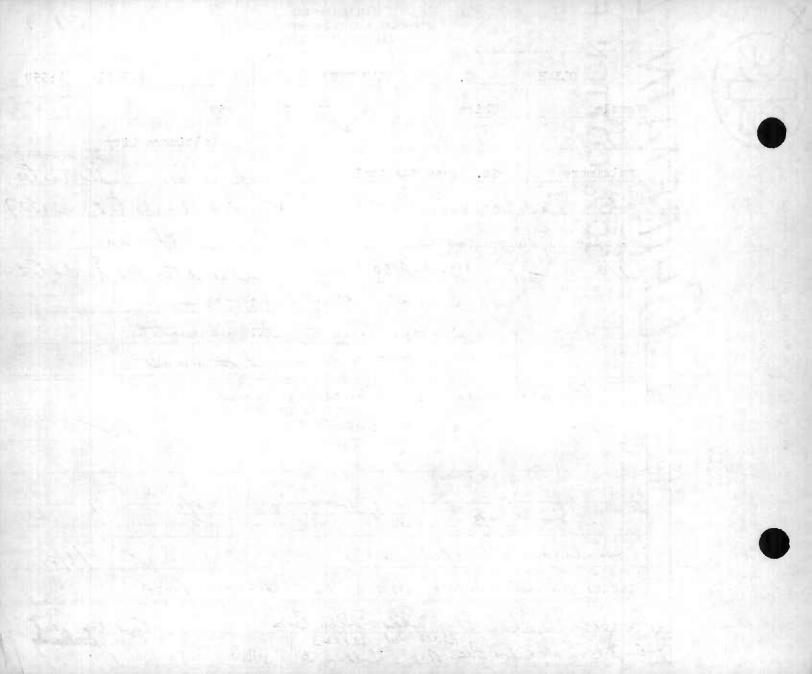


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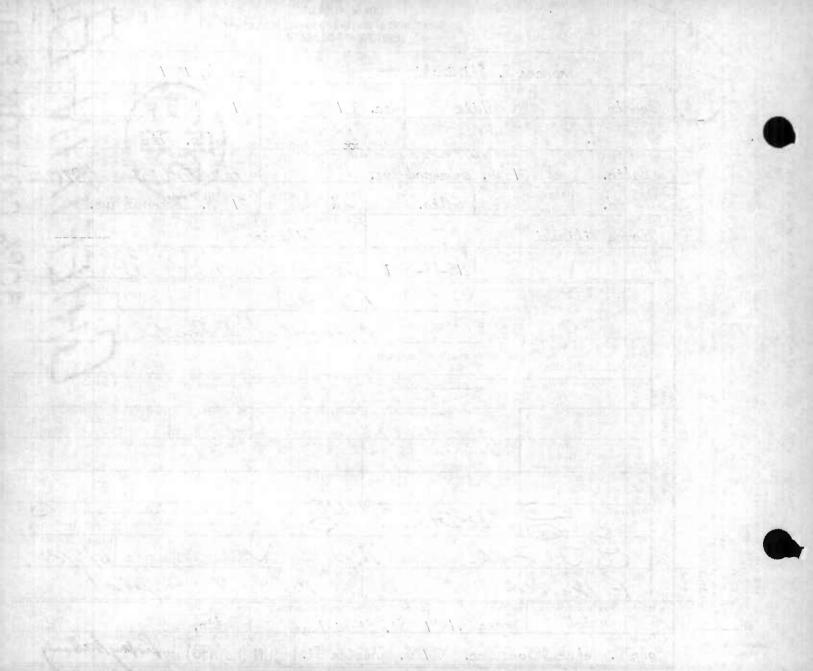
SUMIAL 6/6/1981 NEW CATHEDRAL CEM.
HALTO. MD. 21716
HERBERT E. NUTTER FUNERAL HOME 3035 W. NORTH AVE.

	1			STATE OF MARYLAND		a south	-13 -13
	1.	FOR - STATE REGISTRAR	DEP	ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	150	19
	1 DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.		
		OR PRINT)			20. DATE OF DEATH MO	NTH DAY YEAR	2b HOUR
	3. SE	OLIVE	G.	SLAUGHTER		6/3/81	4:55P M
	3. SE		4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD	MONTHS DATE	
	all o	Female	White	4 22 22	59	YRS	
1	70. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUN	TRY?	9. BALTIMORE CITY OR		
3	10.6	Sud	4.1.4.	WIDOWED DIVORCED			MD
- Section	10.0	Baltimore	(IF NOT IN SUCH FACILITY, GIVE St. Agnes		120. USUAL OCCUPATION (TYP) OF WORK FOR MOST OF W	ORKING LIFE) INDUSTRY	OF BUSINESS OR
p	130	AL RESIDENCE (IF NUR IN LOUR	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)	113e SPREET ADDRESS		nues Co.
þ		mil Bal		rew YES NO B	for Com	be Ct.	2122
	14_F/	THER'S NAME	Less Lass	15 MOTHER'S MAIDEN N		1	212
1	1	Thalle 1	wan sald	Laure	C. MIBBLE	man	AST
	160 V	VAS DECEASED EVER IN U.S. AF	RMED FORCES 166 SOCIAL	SECURITY NO. 17 NFORMANT	ADDRESS	77070	
		VES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATEST	-8860 Jelen Ju	lo to	En Pen	la Et
		18 CAUSE OF DEATH (Enter of	nly one couse per line for (a). (b)		saugner	APPRO	XIMATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	DBY:	rointestinal len	romlage	BETWEEN	ONSET AND DEATH
		1749 IMMEDIA	TE CAUSE (o)		8		
		Conditions, if ony, which	DUE TO, OR AS A CONS	romalacia c gast	reculcerat	-	
		gove rise to immediate) (0)	9			
		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONS	Live Corcinona	left breau	1	
		PART 2 OTHER SPANISICANIT	(0)	TO DEATH BUT NOT RELATED TO THE TER			
	Z	Probal	le Contributing		rminal diséase or conditi merua	ON GIVEN IN PART 1	(0)
Н	ATIC	19a. DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED		b. IF YES, WERE FIND	NCCUCC
1	CERTIFICATION	6/2/81	Burpa	L breast mass	IN	CERTIFYING CAUSE	S OF DEATH?
-	ER	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	121c HOW IN ILLRY OCCU	IRRED (ENTER NATURE OF INJURY IN	YES	NO 🗆
		OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	DAY YEAR	TENTER NATURE OF INJURY IN	HEM 18 PART 1 OR PART 2)	
	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMINES 21d. INJURY OCCURRED	P.M. 21e PŁACE OF INJURY	19 211 LOCATION			
	MEDI	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OF	FICE, FARM ETC) STREET	CITY OR TOWN	COUNTY	STATE
ı	Sai	-			6/		
1	7.0	22a. certify that (I) (his haspi	6/3		. 10		that (I) we lost
		above (1))(we) (did) (did no 22b. SIGNATURE	t) view the body after deoth.	, one mor in (my) corporation	n death occurred on the date		
		20. SIGNATURE	n & Klicker	DEGREE ATTENDING	MEDICAL STAFF	22c. DATE	SIGNED
4	- 0	221 PHYSICIANIS		PHYSICIAN	DIRECTOR PHYSICIAN	0	4/8/
1		22d. PHYSICIAN'S NAME (TYPE C	/	22e ADDRESS			
		KILLIAM	I HICKEN	mo ST K	76NES HOS	P.	
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	23 MAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		- melionem
	-	bunch	16-6-81	tedar Hell Com.	CHTOKTOWN	Q4.60	- hidre
1	10	NERAL DIRECTOR	, 1 2 Baet	" Mel. 2/1223 250. D/	ATE REC'D. BY REGISTRAR 256.	REAL PROPERTY.	Buckly
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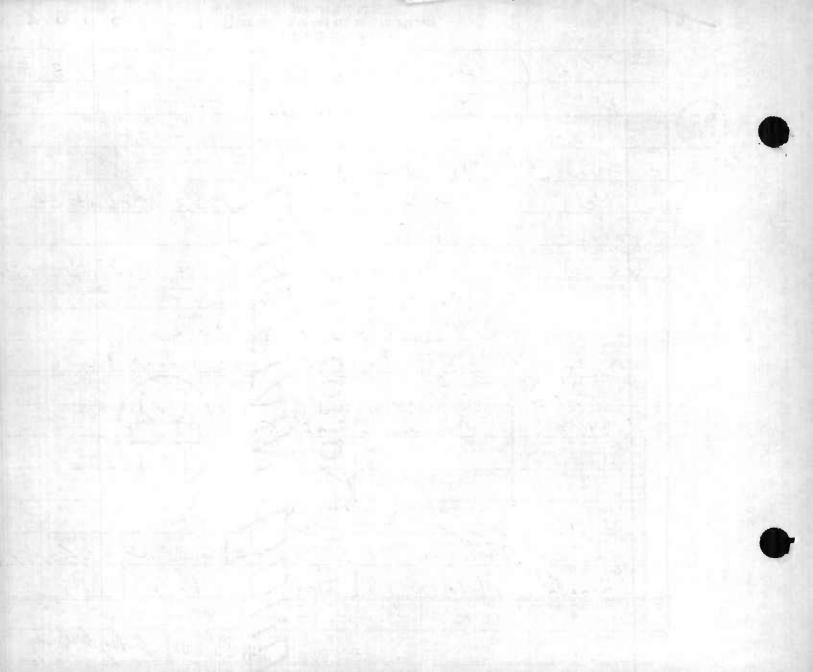


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10	1.	FOR STATE REGISTRAR		DEPART	MENT OF HI	OF MARYLAND EALTH AND MENTAL HYG CATE OF DEATH	IENE 8 I	1 5	58	
de 3		CEASED NAME FIRST PRANC	es R. SL	iwinski	LA	.51	June 4, 19		YEAR 2b HC	OUR M
Poge 4 may be director, poge 3 nous differdeath	3. SE	temale	4. RACE Whi	te	5. DATE O	F BIRTH 3 1899 YEAR	6. AGE (IN YEARS LAST BIR	THDAY) IF UND	-	DER 24 HRS
# 25 25 F	70. BI	RTHPLACE (STATE OR FOREIGN Md.	76 CITIZEN OF W	HAT COUNTRY?	8 MARRIED WIDOWEI	NEVER MARRIED DIVORCED	9. BALTIMORE CITY O	R COUNTY OF D	EATH	MD
by the fuge filed within natified at	10. CI	Balto.	(IF NOT IN SUCH	OSPITAL, NURSIN FACILITY, GIVE STREET Lakewood	ADDRESS)	R OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST OF WORK FOR MOST OF	F WORKING LIFEL IN	DUSTRY	NESS OR
filled in avoid be in		TATE AL RESIDENCE (IF NURSING HOME OF 13b COUN		Batto.		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	kewood A	ve.	
mpletely and 2 sh	14. FA	THER'S NAME Thomas Wilinski	MIDDLE	LAST		15. MOTHER'S MAIDEN NA.	ME	10 - 10 - 10	LAST	
n ond co Poges 1	160. V	VAS DECEASED EVER IN U.S. AR IS, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES	216-46-3		17. INFORMANT	INVINGE.	55. 56 1 PF	09 nE/L.	ANE
quires that the death certificat signed by the attending physican please remove carbonpop to burial, cremation, ar remavor inury, or ather traumatic event,	NO	Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR	AS A CONSEQUI	ence of	My o CARd- O			PART 1(a)	
The law re- ician. The has been risit permit. I all green prior shows any ii.	CERTIFICATION	190. DATE OF OPERATION	19b. CONDIT	ION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	RE FINDINGS US CAUSES OF DE NO	ATH?
G PHYSICIAN: TI offending physicial	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEALINE FEBRUARY AND CONTRIBUTING CAUSE OF DEALINE FEBRUARY AND CONTRIBUTION OF CONTRIBUTIO	HOUR A.M P.M 21e. PLACE O	. MONTH D	19	211. LOCATION STREET	RED (ENTER NATURE OF INJU CITY OR TO		OUNTY	STATE
OR ATTENDIN e haspital ar e DIRECTOR: Aff sched for use as Dept. af Health f Hem 21 is mar		220.1 certify that (1) this haspi saw the deceased alive on above (1) we) (did raid on 22b. SIGNATURE	3/2	0/3/19		d that is (my) our) apinion		12		
TO HOSPITAL eroined by the TO FUNERAL should be determed to with the Store IMPORTANT.		224 PHYSICIAN'S NAME (TYPE OF	en		//	22e. ADDRESS MEI	PHYSICAL STAL		6/3/8	/
BP		JURIAL, CREMATION, REMOVAL SPECIFY) Burial JURERAL DIRECTOR		6,198	St. S	tanislaus	Balto. E REC'D. BY REGISTRAR	cou	NTY N	STATE
DHMH-16 30M 2/80 (VRA 15, 4)	a	phn M. Weber &	Sons Inc	. 407°S	S. Che	ster St. JU	N 9 _ 1981	firfay	Mehro	4



14	-			STATE OF MARYLAND		
-6	1 -	FOR STATE	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	15004
W-9-11		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	1 DEC	OR PRINT)	MIDDLE	LAST	26 DATE OF DEATH MO	NTH DAY YEAR 26 HOUR
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	5. DATE OF BIRTH			IF UNDER 24 HRS.	PRONOUNCED		Y YEAR	14-431F
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			3.6 -	111 D				
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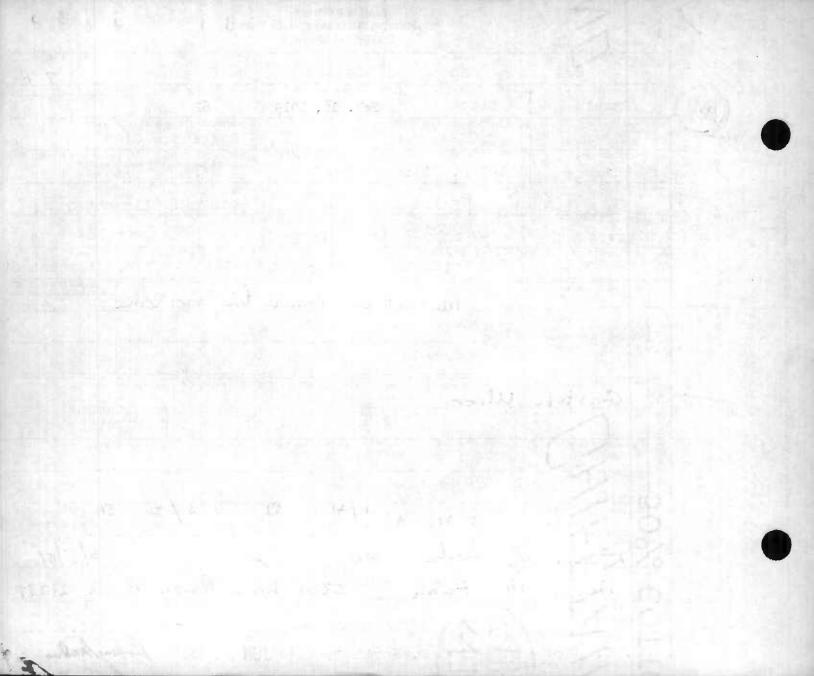
CERTIFICATE OF DEATH REGISTRAR REG. NO 1. DECEASED NAME 2a. DATE OF DEATH 2b HOUR 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 9 BALTIMORE CITY OR COUNTY OF DEATH TIMOYE 126 KIND OF BUSINESS OR INDUSTRY Homemaker W. Saratoga ST Will Smith-1819 Saratoga St. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE (our) opinion death occurred on the date and hour and from the causes stated 77t DATE BYCHE DIRECTOR PHYSICIAN COUNTY STATE Md. 24 FUNERAL DIRECTOR BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 1/81 Russ-2222 W. North Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🙎

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STATE OF MARYLAND



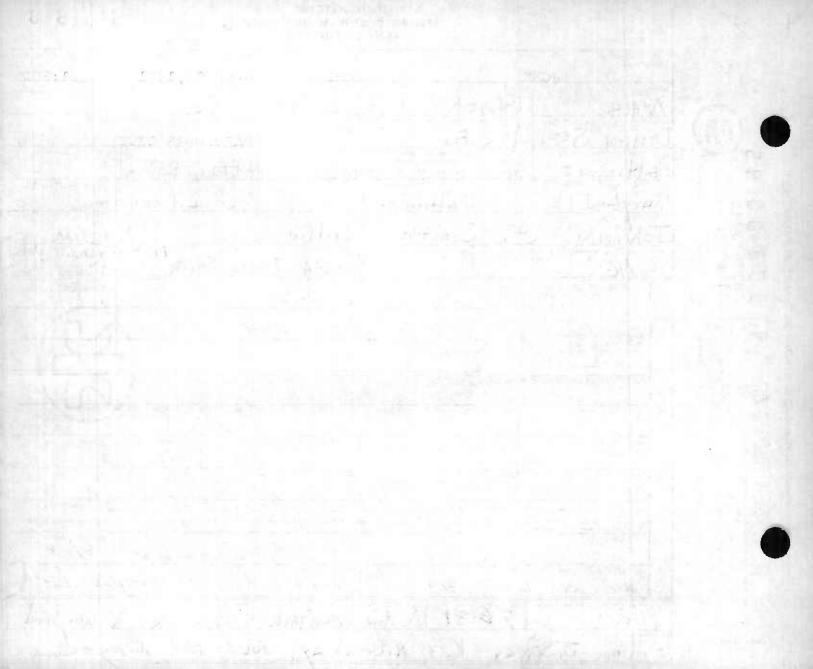
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STATE OF MARYLAND

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- STATE REGISTRAR DECEASED NAME	DEPAR MIDDLE	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	S 8 8
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e Dodo	JOHN	SMITH	JUNE 25 1981	1:30PM
1 SEX	TO A - C	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UN	DER 1 YEAR IF UNDER 24 HRS
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MARYLAND		NOTE YES NO [1928 TOHMANT	Ace
14. FATHER'S NAME	MIDDED CHIAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
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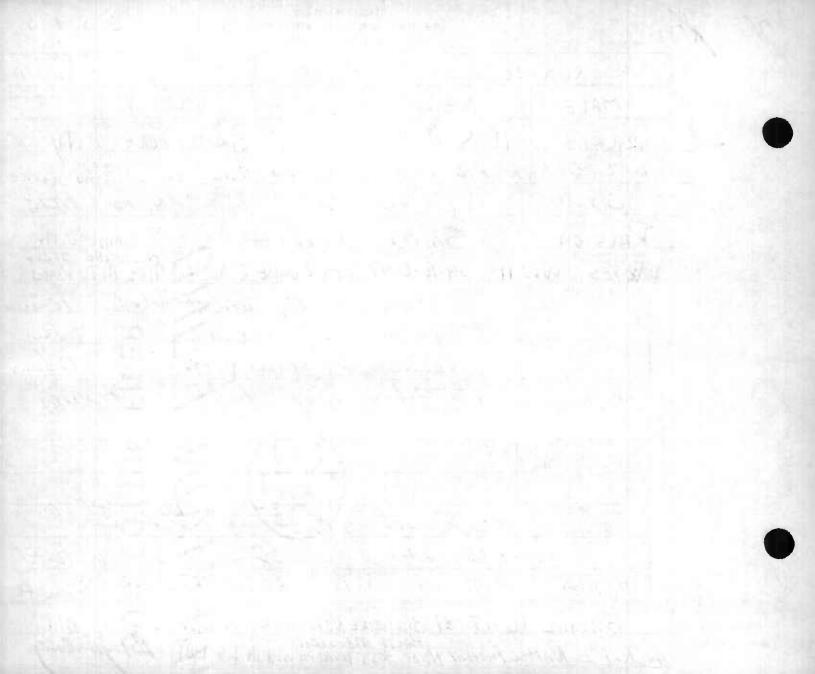
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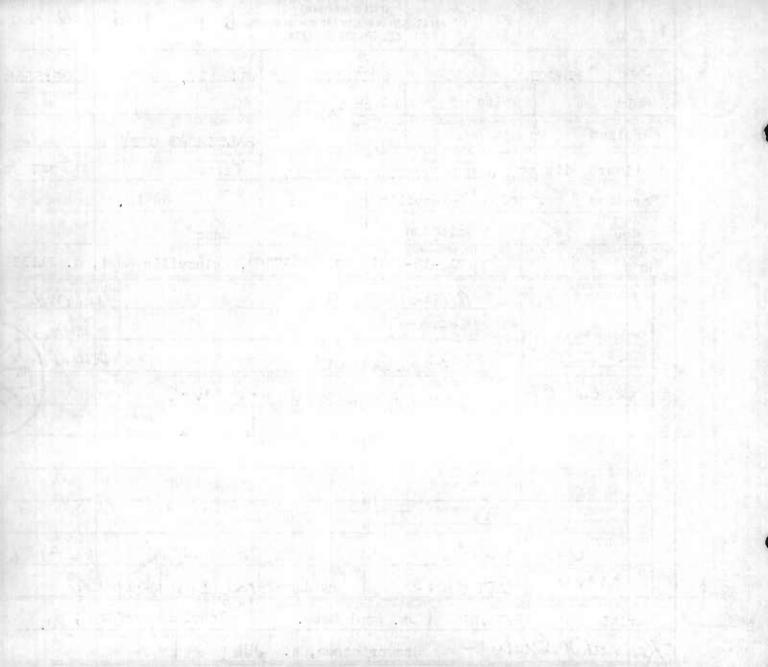
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de oth.		MARYLAND		U.S.A. 11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A		ADORESS)		120. USUAL OCCUPATION (1YPE OF WORK FOR MOST OF WORKING LIFE)			
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AL OR ATTEN y the hospital y the hospital detached for us one Dept. of He		270 PONATURE O CO DEGREE								SIGNED	
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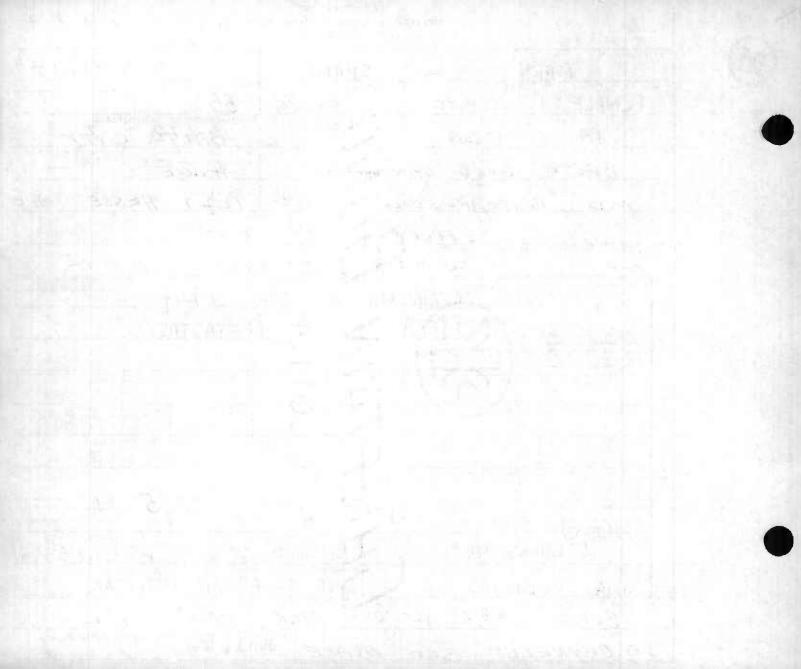
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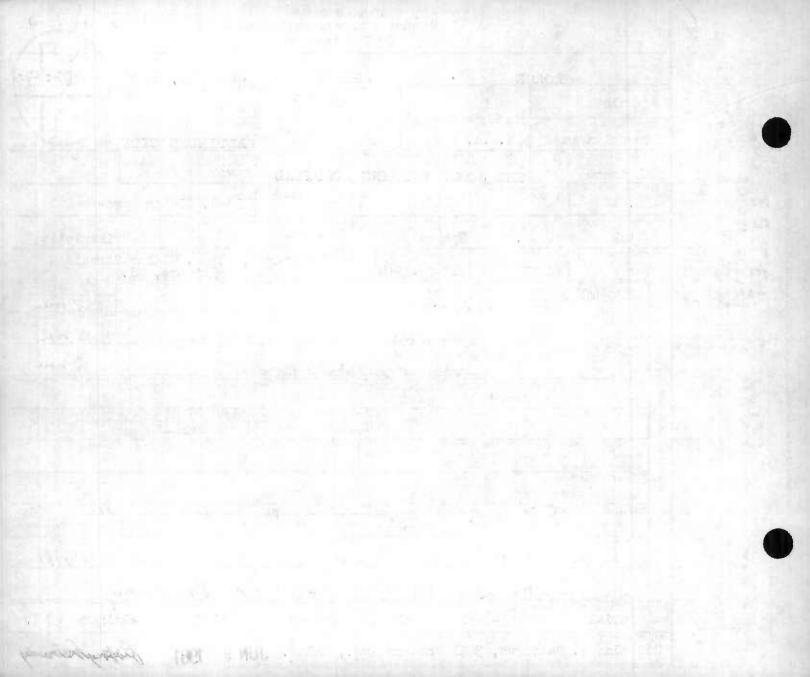
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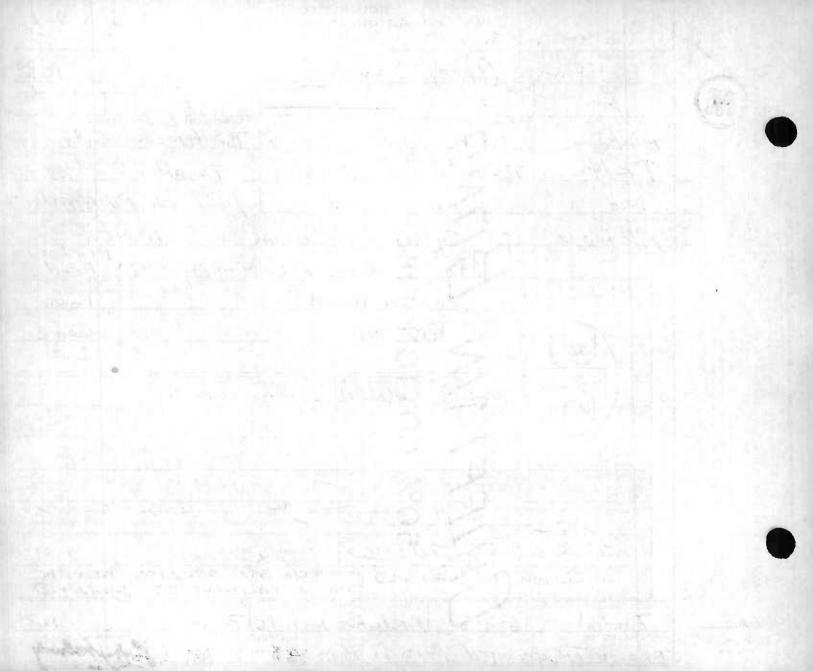


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TTEN Pitol TOR. for us of He		220.1 certify that (1) (this has saw the deceased alive a above (1) (we) (did) (did n 27b. SIGNATORE		19_8, and that		, 10	and haur and fram the causes stated
() 41 0 0 0		27d PHYSICIAN'S NAME (TYPE	allos, MD	DEGRI	ATTENDING PHYSICIAN E	MEDICAL STAFF DIRECTOR PHYSICIA	Sure 5th 81.
TO HOSPITAL (TO FUNERAL I TO FUNERAL I Should be deto with the State I MAPORTANT: If		LILIA CE	BALLOS	G	MAZ COO	ARITAN H	OSPITAL
BP		SURIAL, CREMATION, REMOVA (SPECIFY) BURIAL	1 8/8/8 I	LOUDON		BALTO,	COUNTY STATE
DHMH-16 30M 2/80 (VRA 15, 4)	24 F	UNERAL DIRECTOR J. B. CPNNE	FLL 300	DRESS MA	9CE 250. DAT	INTO 1981	BEGISTOAR'S SYGNATURE

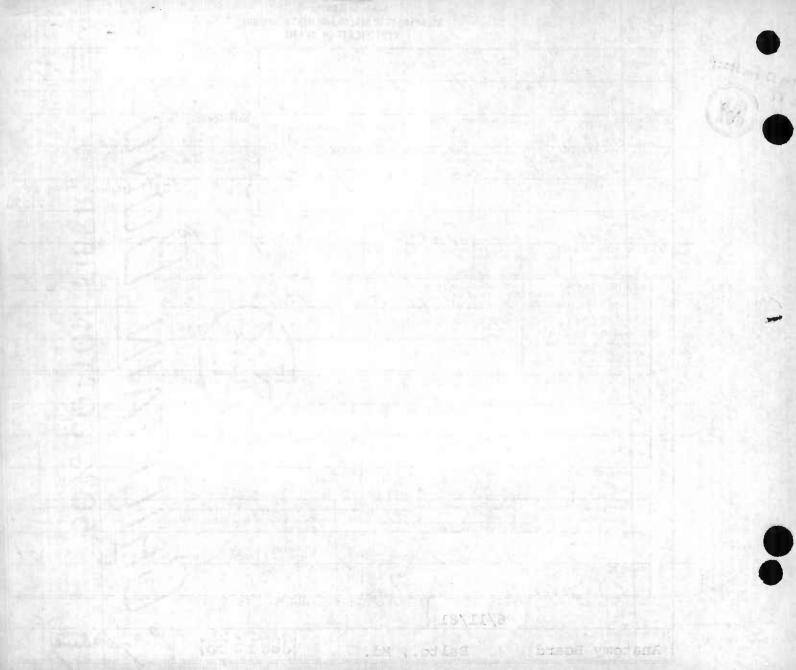




1	A. Carrier	STATE OF MARYLAND	- A	1 1 1 0 7
	1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIEN	8 1	15071
1	REGISTRAR Item	5, G556, 6/9/81 CERTIFICATE OF DEATH	REG. NO	o. ————————————————————————————————————
7	I. DECEASED NAME FIRS	MIDDLE LAST 20.	DATE OF DEATH	MONTH DAY YEAR 26. HOUR
L		nie (LACRY) SPARKS		6 3 8/ 10 AM
	J. SEX	4. RACE S. DATE OF BIRTH 0-0-1923 6. A	GE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
	1-	0 9 5 85	55	YRS.
In	70 BIRTHPLACE (STATE OR FOREIGH	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED . NEVER MARRIED .	- 1/	R COUNTY OF DEATH
-0	AJADAMIR 10 CITY OR TOWN OF DEATH	WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a	ISA/M/	DORE CITY MD
4	BP/6		PE OF WORK FOR MOST O	YORKING LIFE) INDUSTRY
25	13a. STATE	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) OUNTY 13t. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e	STREET ADDRESS	W. BALAMORE:
1	1. FATHER'S NAME	15 MOTHER'S MAIDEN NAME	1971	101 1314/1/11/01CC
500	AR MOUR	MIDDLE SAST / / // FIRST	WIDDLE	120/hoin
0 1	60. WAS DECEASED EVER IN U.		ADDRE	SS PEN Lucy
medical	(YES, NO OR UNKNOWN) (IF Y	ES. GIVE WAR OR DATES) 420-72-6231 DAINA 1. 1	Aurahi.	4420 Ropel
÷ =	18. CAUSE OF DEATH (En	er only one cause per line for (a), (b), and (c).)	17119	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event,	PART I. DEATH WAS C.	AUSED BY. EDIATE CAUSE (0) Cardiac Amest		hour
o ptic e	4029	DUE TO, OR AS A CONSEQUENCE OF	The Artist	
room	Conditions, if any, which	110000		years
other tr	gave rise to immedia cause (a), stating th			V
a la	underlying cause las	t. (c)		
×		ant conditions <u>contributing to death</u> but not related to the termina		
io	0	Diabetes Melletus -on	susul	
à G	19a DATE OF OPERATION 210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	100 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Sugar	210. ACCIDENT WAS UNDERLYIN		YES NO	YES NO
-	OR CONTRIBUTION CALLER	LIGHT LIKE MONITH BAY WEAR	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2)
Hea	(IF EITHER NOTIFY MEDICAL EX.) 21d INJURY OCCURRED	MINER) P.M. 19 21e. PLACE OF INJURY 211 LOCATION		
arked ar	WHILE NOT WHILE	CAT HOME STREET EACTORY OFFICE FARM EYE ! STREET	CITY OR TO	VN COUNTY STATE
mark	AT WORK AT WORK			2 10 3 1 1 1 1 1 1
l is mar	saw the deceased ali	hospiral) attended the deceased from 19 14 , and that in (my) (and opinion deat	to	te and hour and from the causes stated
a 2	obove, (I) (ye) (did) (d) view the body after death. DEGREE		224. DATE SIGNED
*	Call	ATTENDING M	EDICAL STAF	F 1-2-91
Z	22d PHYSICIAN'S NAME	TYPE OR PRINTI	RECTOR PHYSIC	RIV L
IMPORTANT	WILLI	May Composite	N SECC	
N N			THORE	ST BALTE UD
	230. BURIAL, CREMATION, REMO	1 5 51 0 1 1 00	CITY OR JOHN	COUNTY STATE
	Suro	6-8-81 ARbutus Men PC	BALYO	ruc
T.	24 FUNERAL DIRECTOR		C'D DY DECICED .	25b. REGISTRAR'S-SIGNATURE



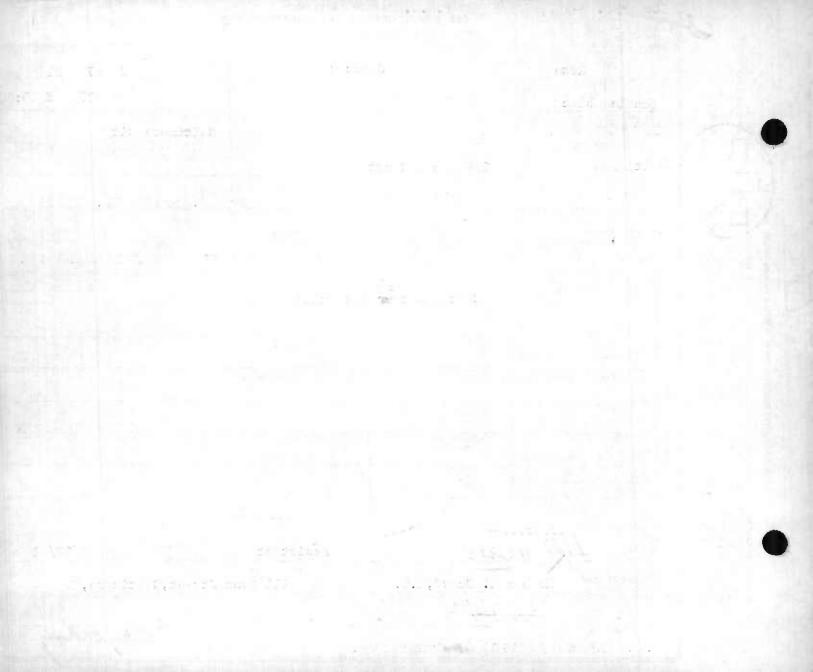
1 - STATE REGISTR					The Court of the C	
	AP	DEPART	MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	Ω	156	7 3
1 0505155011		MIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
I. DECEASED N (TYPE OR PRINT)	3064 14 RA	1304	DATE OF BIRTH	6. AGE (IN YEARS LAST BI	G 5 8/	R IF UNDER 24 HRS
N	(). KA		MONTH DAY YEAR	-/	MONTHS DAYS	HOURS MIN.
7 BIRTHPLACE COUNTRY)	1. 5 11.	ITIZEN OF WHAT COUNTRY	MARRIED WEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEATH	
10 CITY OR TO	WN OF DEATH 11. 1	NAME OF HOSPITAL, NURS II	WIDOWED DIVORCED NG HOME OR OTHER INSTITUTION (ADDRESS)	12a USUAL OCCUPAT		OF BUSINESS OR
USUAL RESIDE	NCE (IF NURSING HOME OF OTHER	INSTITUTION, GIVE RESIDENCE BEFOR		, I	2012 11 11	01
13a. STATE	N3L COUNTY	13c. CITY OR TOX		S? 13 STREET ADDRESS	2919 Hollands	7eny Ro 2123
14. FATHER'S N.	ST / MIDDLE	1	15. MOTHER'S MAIDEN	NAME	2000	AST
16a WAS DECE	ASED EVER IN U.S. ARMED I			ADDR	ESS CC 6	
(YES, NO OR U	NKNOWN) (IF YES, GIVE WAR	OR DATES)				DXIMATE INTERVAL N ONSET AND DEATH
gave r cause underlyi	ng cause last.	(b) DUE TO, OR AS A CONSEQU (c) DITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE T	TERMINAL DISEASE OR CON	ADITION GIVEN IN PART 1	l (a :
T B F T T TO DATE	OF OPERATION 1	96 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FIND	INGS USED
9 3				YES NOT	YES [S OF DEATH?
21g. ACCH	IBUTING CAUSE OF DEATH	PID TIME OF INJURY HOUR A.M. MONTH D	AY YEAR	YES NO CURRED (ENTER NATURE OF INJU	YES 🗌	NO 🗆
OR CONTR	IBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER) RY OCCURRED 2		19 211. LOCATION		YES	NO 🗆
OR CONTR	IBUTING CAUSE OF DEATH R, NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK Lify that (1) (this hospital) o	HOUR A.M. MONTH D P.M. The PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE. Tended the deceased from.	19 211. LOCATION STREET	CURRED (ENTER NATURE OF INJU	YES	STATE , that (I) (we) last
OR CONTR (IF EITHER 21 d. IN) WHILE N WORK 220. I cert	IBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AI WORK iffy that () (this haspital) at the eleceased alive an energy () (() (we) (did) (did nat) view	HOUR A.M. MONTH D P.M. The PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE. Tended the deceased from.	19 211. LOCATION STREET	CURRED (ENTER NATURE OF INJU	YES	NO STATE
OR CONTR (WEITHER 21d IN) WHILE A MOOR 22a.l cert saw abay 22b. SIGN	IBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK Tify that (I) (this hospital) of the deceased alive an ref (I) (we) (did) (did nat) view NATURE	HOUR A.M. MONTH D P.M. The PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE. Tended the deceased from.	FARM, ETC.) 211. LOCATION STREET 212. LOCATION STREET DEGREE ATTENDIN PHYSICIA	CURRED (ENTER NATURE OF INJURE OF IN	YES DURY IN ITEM 18. PART 1 OR PART 2) DWN COUNTY 5, 19 5 Jate and haur and from the County of County 22c. DAT	NO
OR CONTRE (IF EITHER 21 dt IN) WHITE A OR 22 a. I cert saw obox 27b. SIGN	IBUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AI WORK iffy that () (this haspital) at the eleceased alive an energy () (() (we) (did) (did nat) view	HOUR A.M. MONTH D P.M. The PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE. Tended the deceased from.	FARM, ETC.) 211. LOCATION STREET 212. LOCATION STREET DEGREE ATTENDIN	CURRED (ENTER NATURE OF INJU	YES DURY IN ITEM 18. PART 1 OR PART 2) DWN COUNTY 5, 19 5 Jate and haur and from the County of County 22c. DAT	STATE , that (I) (we) last the causes stated
OR CONTR. (IF EITHER 21 de TIVA WHENTE A FORR 220. I cert Sague Sague 220. SIGN 220. PHYS	BUTING CAUSE OF DEATH R. NOTIFY MEDICAL EXAMINER) RY OCCURRED NOT WHILE AT WORK Iffy that (I) (this haspital) of the elecased alive an elective (I) (we) (did) (did nat) view NATURE SICIAN'S NAME (TYPE OR PRINT	HOUR A.M. MONTH D.P.M. The PLACE OF INJURY AT HOME. STREET, FACTORY, OFFICE. Ittended the deceased fram. The place of the thick of the body after death.	FARM, ETC.) 211. LOCATION STREET 212. LOCATION STREET DEGREE ATTENDIN PHYSICIA	CURRED (ENTER NATURE OF INJU CITY OR TO Inian death accurred an the death accurred and th	YES DURY IN ITEM 18. PART 1 OR PART 2) DWN COUNTY Solution of the part 1 or part 2) LEFF 226. DAT	STATE ., that (I) (we) last the causes stated

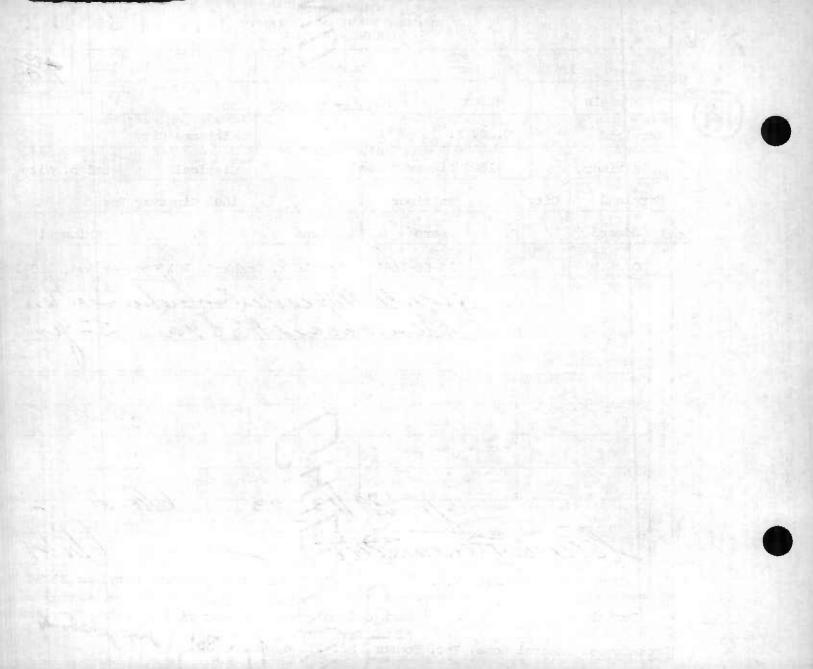


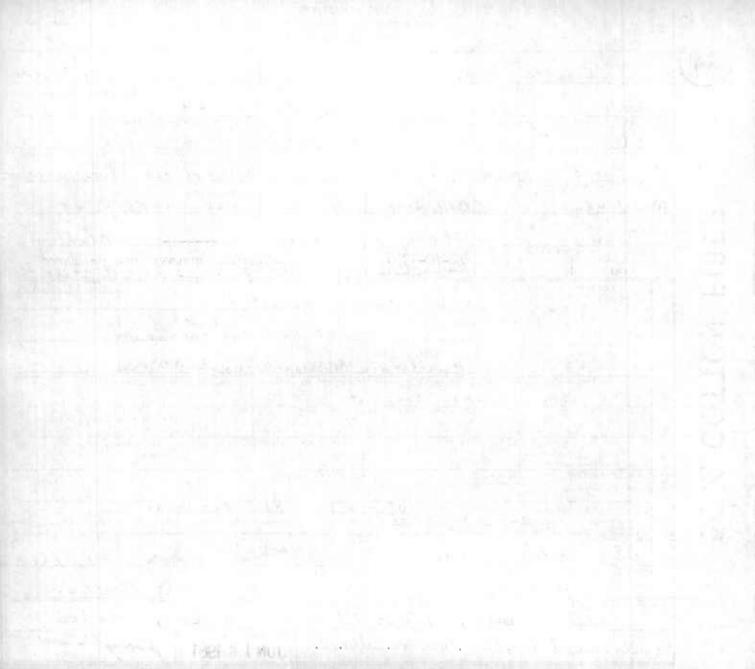
10	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8	156	9 9
may be			V I NO	R	Sp.	AVV W	20. DATE OF DEATH M JUNE 6 AGE (IN YEARS LAST BIRTH	ONTH DAY YEAR (98) DAY) IF UNDER 1 YEAR	26. HOUR 9.47P M IF UNDER 24 HRS
de ecta		Female	Black	k	4	29 1925	56	YRS.	HOURS MIN.
neral dir in 72 hau				WHAT COUNTRY	? 8. MARRIED WIDOWE	NEVER MARRIED	Baltimore CITY OR	COUNTY OF DEATH	MD.
is ofter dead by the fune filled within	10 CI	Balto.	(IF NOT IN SUC	HOSPITAL, NURS H FACILITY, GIVE STREE COURS	T ADDRESS)	ROTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF V	WORKING LIFE) INDUSTRY	OF BUSINESS OR
filled in ould be famust be	13a. S	AL RESIDENCE (IF NURSING HOME OR O TATE 13b COUNT	THER INSTITUTION	Balto	RE ADMISSION	13d INSIDE CITY LIMITS? YES X NO	13e STREET ADDRESS 2616 W. F		110
withir within etely 42 sh	14, FA	Md THER'S NAME FIRST MI	IDDLE	LAST		15 MOTHER'S MAIDEN NA		LAS	
		Bernard VAS DECEASED EVER IN U.S. ARM		William		Alice 17 INFORMANT	ADDRES	Queen	
ii, BALTIMOKE, ficote be executorsicion and copapers. Pages novol.			WAR OR DATES)	216 20			Harkless 18	69 Quebec S	St. 2114
equires that the death certifications of the standing property of the property	NO	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CO	DUE TO, OF	R AS A CONSEQUENCE OF A CONSEQUENCE OF AS A CONSEQUENCE OF	JENCE OF	O (BV D IN) T	MINAL DISEASE OR CONDI	TION GIVEN IN PART 14	D.
NG PHYSICIAN: The low reottending physician. Ifter this certificate has been as the burial-tronsit permit. In and Mental Hygiene prior included or frem 18 shows only it.	CERTIFICATION	190 DATE OF OPERATION	196. CONDI	TION FOR WHIC	H OPERATION	WAS PERFORMED		206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES	
HYSKCIAN: The le ding physician. is certificate has burial-transit per Mental Hygiene or frem 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A./	M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)	
DIVISION ING PHYS After this os the bus Ith and Me Incorked or h	MEDICAL	21d INJURY OCCURRED WHILE ON NOT WHILE OF AT WORK	21e PLACE (OF INJURY BEET, FACTORY OFFICE	. FARM, ETC.)	211. LOCATION STREET	CITY OR TOW	N COUNTY	STATE
TTENDI pital or TTOR: A for use of Heal		22a.1 certify that (1) (this haspital saw the deceased alive on above, (1) (we) (did) (did not)		19	, on	, 19 d that in (my) (our) opinion	, to deoth accurred on the date	e and haur and from the	
TTAL OR AT by the hosp RAL DIREC: detoched for stote Dept.		276. SIGNATURE	ugh (Well 14		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIA	. 117	SIGNED
HOSPITAL OR A etained by the hospital by the hospital DIREC should be detached with the State Dept. MPORTANT: If them		22d. PHYSICIAN'S NAME (MEORI	ghb	illiam	1	co Address		on fewho	
BP		urial, cremation, removal specify) Burial	23b. DATE 6-12-			metery or crematory thedral Cem	. Baltimor	e	Md.
DHMH-16 30M 2/80 (VRA 15, 4)		own/Thompson	F. H.	1913 W.	Balto	11	UN 9 _ 1981	Linkay No	Bredy

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3	T	STATE Gbj	F-557,	D	EPARTME		LTH AND	AND MENTAL I FICATE O		THE STATE OF	REG. NO.	5	70	1
UEASE CTOR PILES OURS REET,		CEASED NAME	Rose	(ROSA)	MIDDLE	Spe	ncer		20	OF ES	TED [6 2	7 19 81	2b. HOUR
Opportunity.			black	5. DATE OF BIRTH 9 23	Ϋ́0^2₄	16 YRS.	MONTHS DAY		MIN. P	C. DATE RONOUNCED DEAD		6 :	27 ₁₉ 8	10:08
E UNICESSARY E UNICESSARY ED FEET	R°.	CHMOND	, VA.	USA 11. NAME OF HOSP		w	DOWED 😾	DIVORO	ED 🗆	Baltimore Baltin	nore C	ity	KIND OF BU	MD.
3. RETAIN PAGE 2. SHOULD BE FILED AL RECORDS 201	В	altimore	1	(IF NOT IN SUCH FAC	Mason	Court	OTHER INST	TIOTION		OST OF WORKING		WORK 12B.	OR INDUST	RY
RECORD SECOND	13a. S		13b COUN	r other institution, givi TY		TMORE	13d INS	IDE CITY LIMITS?	13e. STREE	S. M	ASON	CT.	2123	1
NO CATA	J	THER'S NAME FIRST JNKNOWN		WIDDIE	LAST			UNKN		MIDDLE			LAST	
DIVISION	16a. W	AS DECEASED E	(IF YES, GIVE	WED FORCES? war or dates)	NON			EROME	SPEN	ICER 3	28 AI	LLEN	DALE	ST.
ACOUS DE RECUESO WITHIN 24 POOR PROPERTY OF THE PROPERTY OF TH	NO	gave rise cause (a) st lying cause		(b) DUE TO, OR A DUE TO, OR A (c) CONTRIBUTING TO DEATH B	AS A CONSE	DUENCE OF	DISEASE DR CONC	DITION GIVEN IN PA	ART 1 (a).					
CHIEF M E USED A T OF HEA UNRIAL, CI	CERTIFICATION	19a. DATE OF O	PERATION	19b. CONDIT	ON FOR WH	ICH OPERATIO	N WAS PERI	FORMED?				2	AUTOPSY	? NO V
SE 3 SHOULD BE USED A TE DEPARTMENT OF HEA TO PRIOR TO BURIAL, O	CAL CERT	21a EXTERNAL UNDERLYING CONTRIBUTING			INJURY MONTH DA		Ic HOW INJ	URY OCCURRI	ED (ENTER NA	TURE OF INJURY I	N ITEM 18 PART	1 OR PART 2)		
PRI PRI	MEDICAL	216 INJURY OC WHILE AT WORK	CURRED NOT WHILE C AT WORK	21e PLACE O STREET, FACTO	FINJURY (A DRY, FARM, ETC.)	AT HOME. 2	I. LOCATION STREET	4		CITY OR TOWN		COUNTY		STATE
EATH, WITH THE ST ORE, MARYLAND, 3		22a I certify death resulted ACTUAL SIGNATURE		e of the remains descriptions of the remains described on the remains descr	ribed abave, Accident	held an /	TITL	Inspection micide E (SPECIFY) SSISTAN	t	Inquiry mined manne	, [],	my apinio	6/28/	81
PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, M	23a. Bi	EXAMINER'S NA (TYPE OR PRINT JRIAL, CREMATIO	ON, REMOVAL 2	rmez R1 G		D.	ADDRE:			Street		imore		
HMH - 17	24 FI	BURI	AL -	7/23/61/	WE	STVIE	W CEM		REC'D. BY F	TONSV			MD	6g
A15 ME (5)) I5M 2/80	V	C. MA	RCH F/	H 1101 E	NOR'	TH AVE			IN 29	1981	1	1	-	_







. 7	11.	FOR STATE		DEPARTMENT O	FHEALTH		()	1 5	5 7 0	4
9	10	REGISTRAR ECEASED NAME FIR		MIDDLE	NER'S C	ERTIFICATE		REG. NO.		
110	(1	YPE OR PRINT)		MIDDLE			20. DATE KNO OF ES	TI- =	DAY YEAR	2b. HOUR
LEASE CTOR. CTOR. FILES. FILES.	3. SI		IFTON IS, DATE OF BIRTH	6. AGE (IN	VEADC IF LIN	ANLEY	DEATH MA	TED 1 6	16 19 81 DAY YEAR	M 2d. HOUR
2 2 2 2 2			MONTH DAY	YEAR LAST BIRT	HDAY) MONTH		MIN. PRONOUNCED	6	16 19 81	5:59
3/10	7.0	ale negr	0 6 9 76. CITIZEN OF W		YRS.	ED NEVER MAR		CITY OR COUN		I p M
A MARKET		alto., Md.	USA		WIDOW			ore City		MD.
20年 20年	10.0	CITY OR TOWN OF DEATH	11. NAME OF HO	SPITAL, NURSING HO	ME, OR OTH		120 USUAL OCCUPATION	ON (TYPE OF WORK	12b. KIND OF BU OR INDUST	JSINESS
DELAY IS TO THE DE PRES 201		Baltimore	2525 Mc	Culloh St.			FOR MOST OF WORKING	MFE)	OK INDUST	KI
m = 0 ac		JAL RESIDENCE (IF IN NURSING P STATE 136 C	OME OR OTHER INSTITUTION, COUNTY	13c CITY OR TOWN	5510N)	liaa inside city limits?	13e STREET ADDRESS			
SETA AND Y		Md.		Balto.		YES 🛛 NO	2525 McCu	lloh St		
	14.	FATHER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAI	DEN NAME MIDDLE		LAST	
S SS SS	W	illiam		tanley		Alice	L.	200000		
BALTIMORE S AFIER DEA GIVE PAGES GIVE PAGES I AN MISION OF V	160.	WAS DECEASED EVER IN U.S	S. ARMED FORCES? S. GIVE WAR OR DATES)	212-36-			e Wilkins	DDRESS	tar Hot	s. Ct
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A 18 MIT WE DE	1	18. CAUSE OF DEATH (Ent PART I DEATH WAS CA	AUSED BY:		erotio	cardiova	scular diseas	88	BETWEEN ONSE	T AND DEATH
TON PER PER POND		4595 IMM	EDIATE CAOSE (0)	R AS A CONSEQUENC		Caratova	scarai wisca.	,0		
PRESTON THIN 24 H THIN TER TH THIN		Conditions, if ony, or	which							
201 W. PR UTED WITH IN PENCIL EXAMENER EXAMENER D MENTAL ON, OR RE	1	couse (o) stating the u		R AS A CONSEQUENC	E OF					
RDS, 2011 EXECUTED ING" IN PRICAL EXAM A BURIAL - H AND MEI WATION, Q		lying cause lost.	(c)							
HOULD BE EXECUTED WITHIN 24 HOURS AFTER RD. "ENDING" IN PENCIL IN ITEM 18. GIVE PAHER "MEDIONG" IN PENCIL IN ITEM 18. GIVE PAHER "MEDIONG" IN PENCIL IN ITEM 18. GIVE PAHER "MEDIONG" IN PENSIT PERMIT PAGES I OF HEALTH AND MENTAL HYGIENE DIVISION RIAL, CREMATION, OR REMOVAL.	Z	PART 2 OTNER SIGNIFICANT CONO	ITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TE	RMINAL OISEASI	OR CONDITION GIVEN IN	PART 1 (a),			
RECOI JID BE E PENDII PENDII PASA HEALTH	CERTIFICATION	19a. DATE OF OPERATION	196. COND	ITION FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY	?
SHOULD ORD "PE CHIEF N E USED / TOF HE/OURIAL, CURIAL, CORNIAL, CO	A ₹								YES	NO X
OF V	Se C	21a. EXTERNAL CAUSE WA		DE INJURY M. MONTH DAY YE	AR 21c. HC	OW INJURY OCCUR	RED LENTER NATURE OF INJURY II	TITEM 18 PART I OR P.	ART 2)	- 155
ON THE COUNTY OF	5 3	UNDERLYING OR CONTRIBUTING CAUS								
DIVISION OF VITAL S CERTIFICATE SHOU RITING THE WORD." REDED TO THE CHIEF AS 3 SHOULD BE USE TO EPERARMENT OF THE TO IPRIOR TO BURIAL	MEDICAL	214. INJURY OCCURRED WHILE NOT WHILL AT WORK	21e PLACE STREET, FAC	OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION TREET	CITY OR TOWN	CC	DUNTY	STATE
DIVISION OF VITAL RE RE, THIS CERTFICATE SHOULD ATE, WRITING THE WORD "PEI ORWARDED TO THE CHIEF M RE, PAGE 3 SHOULD BE USED A RE STATE DEPARTMENT OF HEA U, 21201 PRIOR TO BURIAL, C	1	AT WORK AT WORK								
E S S S S S S S S S S S S S S S S S S S		22a. I certify that I taak	charge of the remains de	escribed abave, held an	Autap	sy , Inspect	ian X. Inquiry	, and in my o	pinion	
MIN FERENCE FE	8	deoth resulted from:	Notural couses 💹,	Accident ,	Suicide	, Homicide	· Undetermined manner			
EXAMINER: CERTIFICATE, ULD BE FOR, WITH THE S.	Ž.	ACTUAL A	111)	7		TITLE (SPECIFY)		DATE	6-17-	0.1
ZHE SHE	-	SIGNATURE	VU	TU	M	.D. Assist	MEDICAL EXAMINE			01
TO MEDICAL EXECUT: THE PAGE 4 SHOU TO FUNEVAL AFTER DEATH BALTIMORE, M	2	EXAMINER'S NIME (TYPE OR PRINT)	Ann M. Dix	on, M.D.	-3	ADDRESS111	Penn St.			
5x 57 8	73a.	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION CITY OR TOWN	COL	JNTY S1	TATE
BP		Burial	6/19/81	Arbu	tus .	100 0	Balto.,	Md.	CIONNITION	
130 3 DHMH-17	74	FUNERAL DIRECTOR	ADDRES			1 2	E REC'D. BY REGISTRAR 2	D. REGISTRAR'S	SIGNATURE	Co.
(VR A15 ME (5)) 15M 2/80		Leroy 0. D	yett 4600	Liberty	Hg†s.	Ave. J	UN 1 9 1981	7		/

	7 / - / -		Mr.	3	1.1.2
		2001 0	~	Alack	Parale
	Paltimone City		47	.4.2.4	N. 197.
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	Carl E. Fodoral St.	×	1 1	Esl #o	PITE IN
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		112.9			
	and the state				

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A TALL ME. Vat. New P.

Jas. A. Morton n Sons 1701 Faurence St.

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME DATE KNOWN (TYPE OR PRINT) Adele S. S NECESSARY, PLEASE FÜNERAL DIRECTOR. 5 FOR YOUR FILES. D, WITHIN 72 HOURS Stein 24 81 DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF LINDER 24 HRS DAY 2d. HOUR DATE LAST BIRTHDAY) PRONOUNCED white 1:43 female. 81 2, 1916 65 76 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED BALTIMORE, MARYLAND Baltimore City USA DIVORCED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12ª USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 3632 Fordes Lane APT. C OR INDUSTRY 2, AND 3 TO TH 3. RETAIN PAC SHOULD BE FIL Baltimore HOUSEWIFE HOME USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 36.32 FORDS LANE APT. C(21215) MARY LAND T3d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRS ABRAHAM SO SIGGEM JENNIE ROSSIN 17. INFORMANT ADDRESS SILVER SPRING DR. MD. (20902 JEROME ROSEN 11114 NICHOLAS 218-10-1739 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY MENTAL HYGIENE, N. OR REMOVAL. Arteriosclerotic cardiovascular disease IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) Undetermined blood dyscrasia CERTIFICATION 19a DATE OF OPERATION MENT OF HE TO BURIAL, (19% CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🗌 NO X 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR UNDERLYING 21e PLACE OF INJURY (AT HOME 21f LOCATION EXECUTE THE CLEAN TO FORWARDED TO FUNDER DAGE 3 SHOULD BE FORWARDED TO FUNDER DAGE 1 WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) STREET WHILE AT WORK WHILE COUNTY STATE 220 I certify that I taak charge of the remains described above, held on Inspection and in my apinion Hamicide Undetermined manner TITLE (SPECIFY) DATE 5/GNED 6/28/81 Assistant SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) Hormez R.Guard, M.D. ADDRESS 111 Penn Street Baltimore MD 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL 6-28-81 HEBREW YOUNG MENS 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 6010 REISTERSTOWN RD. BALTIMORE, MD. (21215) **DHMH-17** SOL LEVINSON & BROS. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR FIRST . DECEASED NAME 20. DATE KNOWN IX (TYPE OR PRINT) OF ESTI-Puott Paul Stevenson 4. RACE 5. DATE OF BIRTH AGE IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED male white ..81 PM 66 7g. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED Baltimore City inoinia WIDOWED DIVORCED 2, AND 3 TO THE FI.

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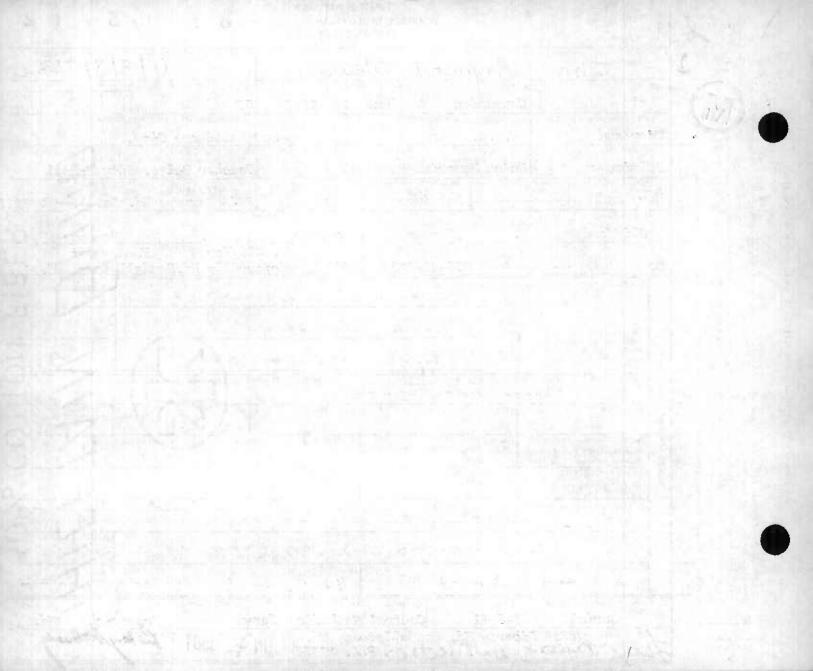
SHOULD BE FILED. 18. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS Painter Owens Painting Baltimore General Hospital Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 920 Stoll Street Balto. 13d. INSIDE CITY LIMITS? Manuland YES X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Many Stevenson Newton 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (YES, NO, OR UNKNOWN) Cedar Hill ombs 18 CAUSE OF DEATH (Enter anly one cause per line far.(a), (b), and (c).)
PART I DEATH WAS CAUSED BY:

Chronic obstructive pulmonary disease BETWEEN ONSET AND DEATH DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? PRIOR TO BURIAL, YES 📑 NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN WHILE AT WORK COUNTY EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO FUNERAL DIRECTOR: PAG AFTER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 X 22a I certily that I took charge all the remains described above, held an and in my apinion death resulted fram: Hamicide Undetermined manner TITLE (SPECIFY) Assistant DATE 6-16-81 SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. 111 Penn Street 236 NAME OF CEMETERY OF CREMATORY (nounsville Veteran's 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION HTY OR TOWN rounsville. A.A. **DHMH-17** Patapsco Ave. ullu Funeral Home VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

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	- + + + + + + · · ·		22b. SIGNATURE	ul d'Annon 5		MEDICAL STAFF DIRECTOR PHYSICIAN	JUNE 3, 198	r.
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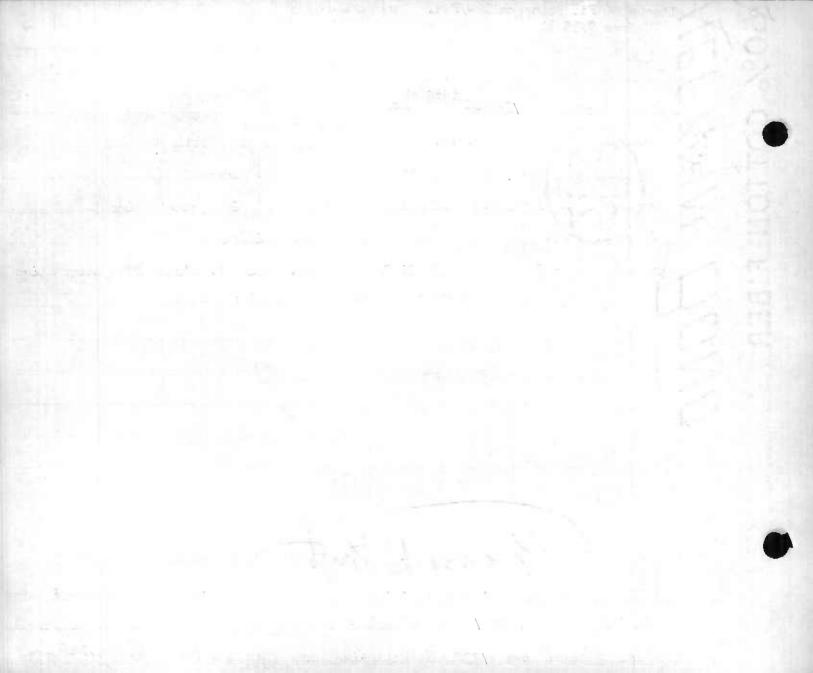


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TAL OR A in the hosp that DIREC detached it to be Dept.		22b. SIGNATURE	Anarmo		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 4-6-8
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ス <u>C</u> ス	Milton	O. Storm	LAST		erst M://	MIDDLE		LAST	
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HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, DIVISION OF WITH AND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Condition	ons, if any, which	TO TO, OK AS A CONSEQUE	THEE OF					
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BALTIMORE, MARYLAND,	ACTUAL	Ch	Dan. 1	7 Jan No	utv CHief	ICAL EXAMINER	DATE	6-29-8	1
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	gave rise	, if any, which ta immediate	(b)												
	lying cause	lating the under	DUE TO, OF	RASACON	ISEQUENCE C	F						-	11		
			(c)								TINA				-12.2
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CERTIFICATION			Chronic ol						se						
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TIE!														YES 🗌	№ 🕅
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) V		OR CAUSE OF	DEATH P.A	۸.	19										
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	NAME		ADDRES	11	2010	2-7			30 1	AND KA	just	CRAPTO	SIMILA	UKE	
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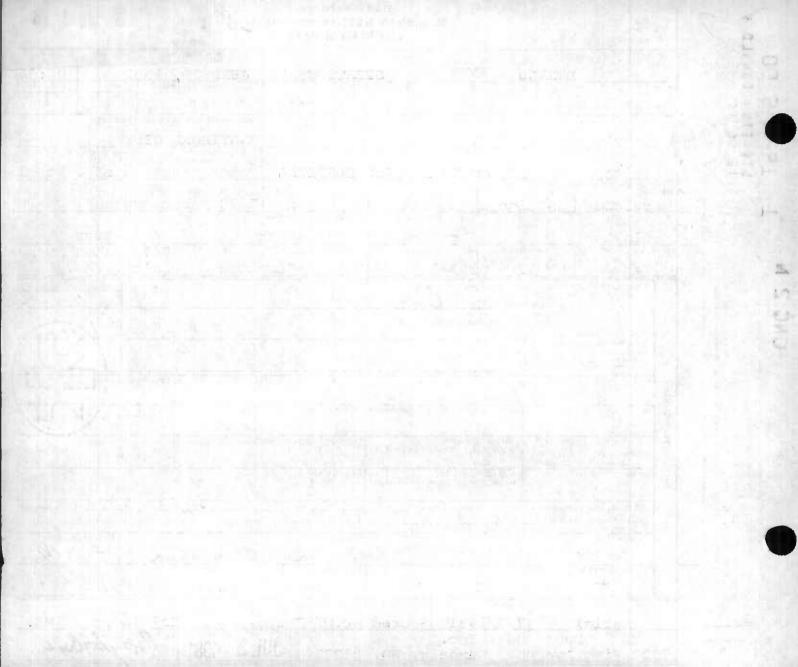
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME 20. DATE OF DEATH нтиом 26 HOUR (TYPE OR PRINT) WAYNE DONALD STRATTON JUNE 1981 06:06F 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR 12 1916 Male White 64 In BIRTHPLACE ESTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. BALTIMORE CITY Pennsvlvania WIDOWED DIVORCED DI CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126. USUAL OCCUPATION 126, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore JOHNS HOPKINS HOSPITAL Maintenance Beth. Steel 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 7478 Rabon Avenue Maryland Baltimore Dundalk NO 🔯 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Elizabeth Clayton Stratton Barr ADDRES 7478 Rabon Avenue ME: WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 191-10-9153 Helena Stratton Balto., MD.21222 Yes WW APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate (o), stoting underlying couse CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) PART 2. OTHER SIGNIFICANT CERTIFICATION 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED 19a. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF 21b. TIME OF INJURY 21a ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 211. LOCATION 0 21e PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN STATE rked NOT WHILE AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on obove, (I) (we) (did (did not) view the body after death and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN be de MPORTANT: 22e. ADDRESS 22d. PHYSICIAN'S NAME (TYPE OF PRINT) id b JOHNS HOPKINS 23d LOCATION 23a BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE (SPECIFY) CITY OF TOWN BP. Sacred Ht.Of Jesus Baltimore MD. Burial 24 FUNERAL DIRECTOR Duda-Ruck, Inc ADDRESS 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT DHMH-16 30M 2/80 (VRA 15, 4) Dundalk. 7922 Wise Avenue MD. 21222

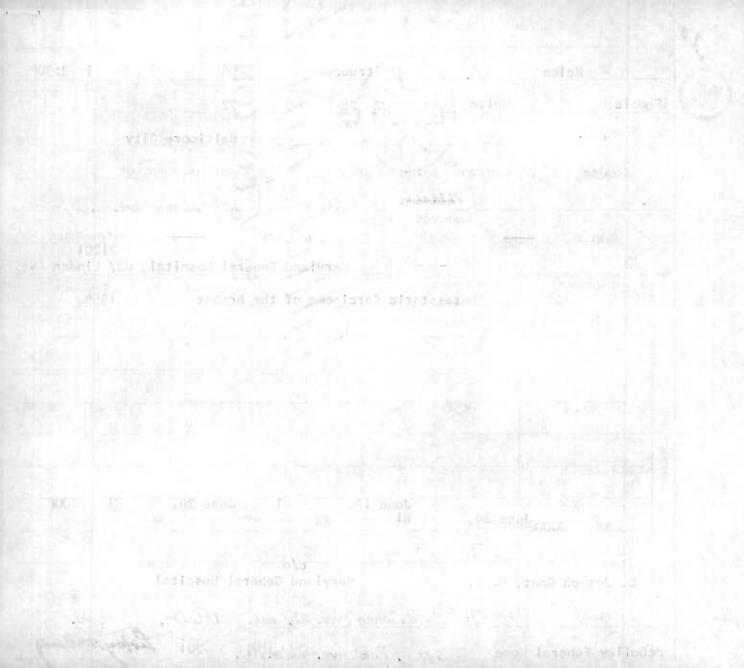


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McCulley Funeral Home

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

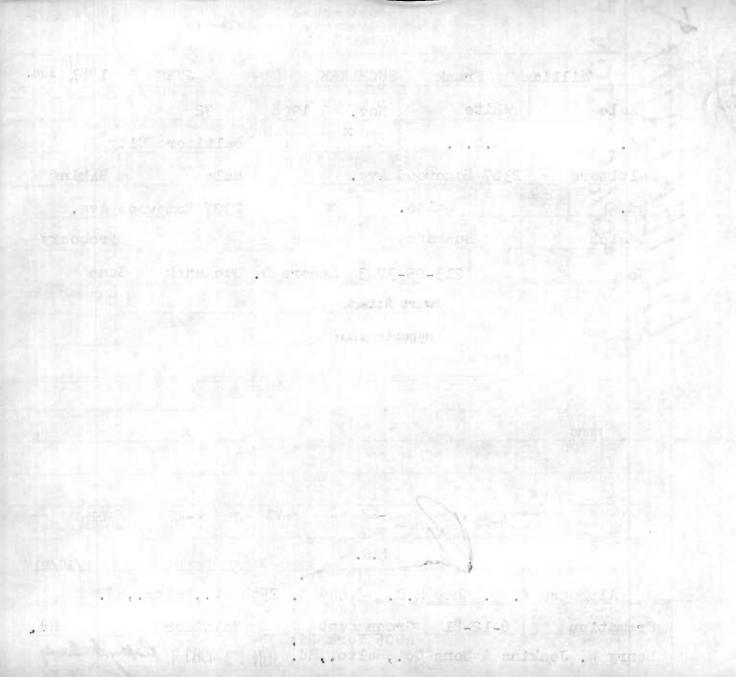


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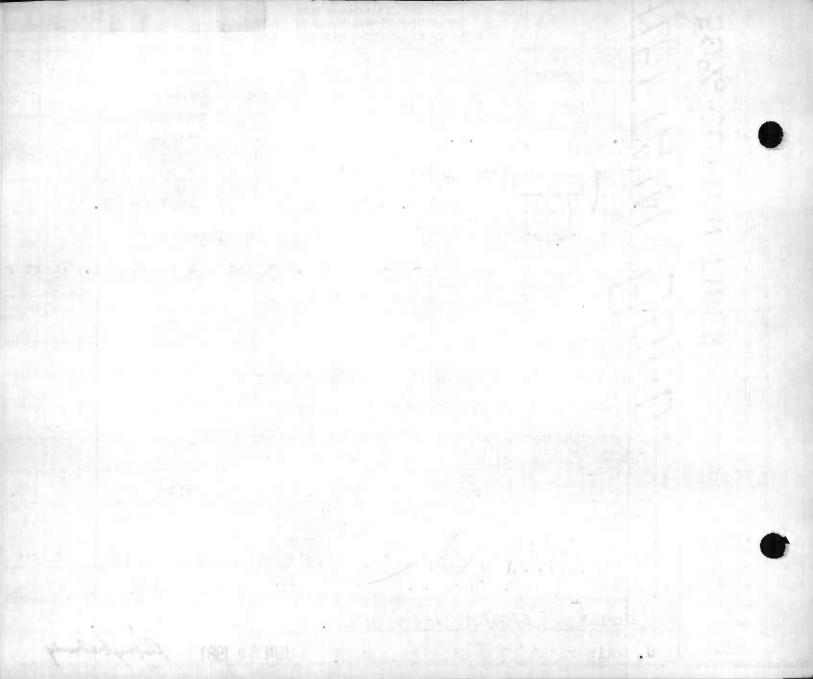
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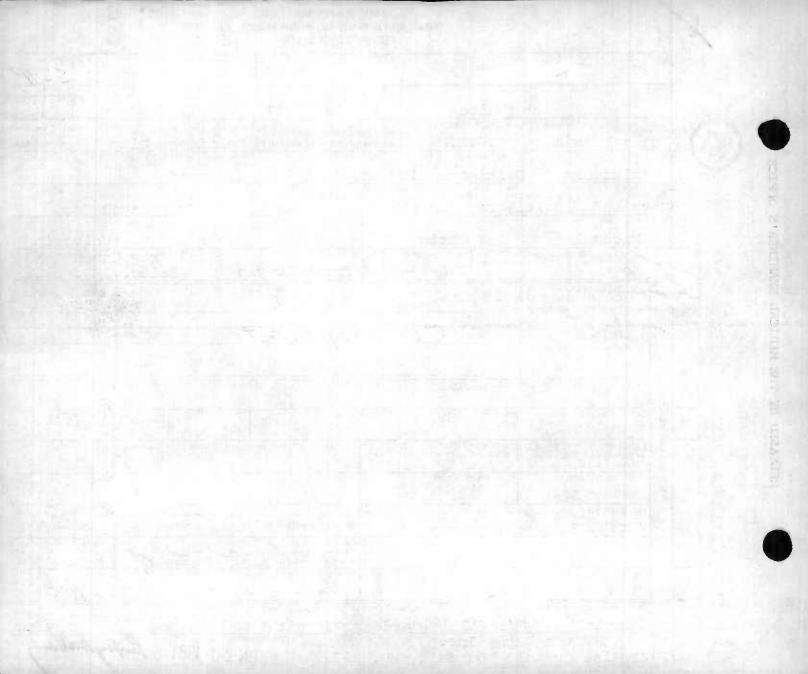
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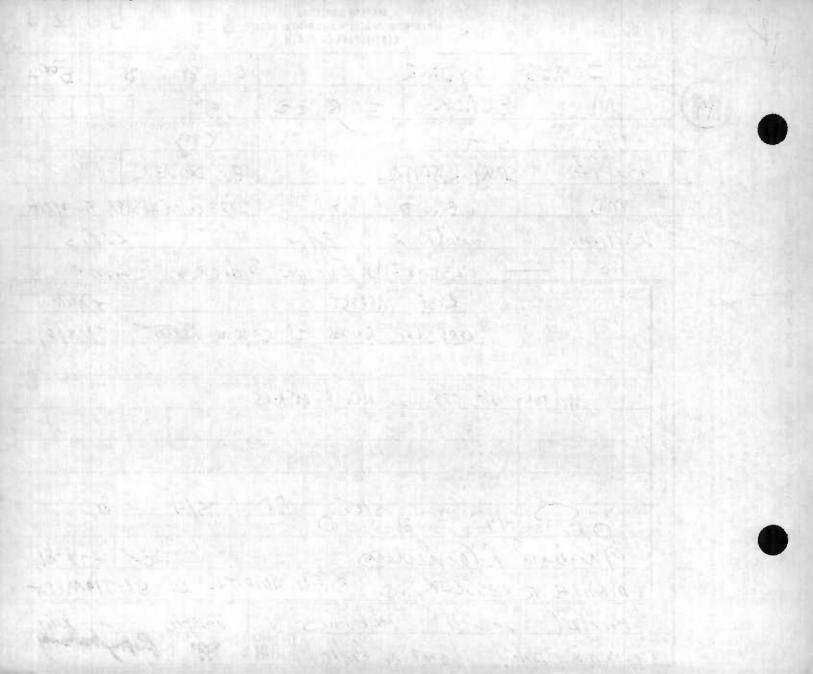


8	1-	FOR STATE REGISTRAR		DEPARTMENT OF	HEALTI	MARYLAND I AND MENTAL H CERTIFICATE C	EDEATH	EG. NO.	5	7	2	3
		CEASED NAME FIRST		MIDDLE		LAST	20. DATE KNOW	WN [X]	MONTH	DAY	YEAR	2b. HOUR
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剛)	M. SE	A ARACE Black	5. DATE OF BIRTH		DAY) MONT	DER I YR. IF UNDER	24 HRS. 2t. DATE MIN PRONOUNCED DEAD		MONTH 6	DAY	YEAR 1981	2d HOUR 12:03 Am
SS. 201 WITH SS. 201 W PREST	79. B	IRTHPLACE (STATE OR DREIGN COUNTRY)	76. CITIZEN OF WH		8. MARR	IED NEVER MARR		_		TY OF D		
8333 288		Baltimore	Johns H	PITAL, NURSING HOM CILITY, GIVE STREET ADDRESS) HOPKINS HOS	spita	ER INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LI	N (TYPE O	OF WORK	12b KIN	ND OF BUS	MD. SINESS
SECORD SECORD	USU, 13a. S	AL RESIDENCE (IF IN NURSING HOME TATE 136, COUN	OR OTHER INSTITUTION, GIV	13r. CITY OR TOWN	ity	13d. INSIDE CITY LIMITS? YES X NO	13e. STREET ADDRESS 1916 Per	lmar	1 P1			
300	D	athers NAME ouglas Suther		LAST		15. MOTHER'S MAIDE Elizabet	N NAME MIDDLE				LAST	
NO /	16a. V		MED FORCES? WAR OR DATES)	166 SOCIAL SECURI		17. INFORMANT	AD	DRESS			- 40	
1		No		215-78-4	4857	Carolyn	Heidelber	g 17	728	N.	Che	ster
1 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if ony, which gove rise to immediate couse (a) stating the <u>underlying cause last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(b) DUE TO, OR (c)	AS A CONSEQUENCE AS A CONSEQUENCE UT HOT RELATED TO THE TER	OF	OR CONDITION GIVEN IN PAI	RT 1 :as					
JRIAL, C	CERTIFICATION	190 DATE OF OPERATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?					UTOPSY?	NO []
7, 21201 PRIOR TO BU	MEDICAL CERT	216 EXTERNAL CAUSE WAS UNDERLYING A OR CONTRIBUTING CAUSE OF 216 INJURY OCCURRED WHILE AT WORK AT WORK	DEATH 1 : OPLM.	MONTH DAY YEA 6 23 19 8 F INJURY (ATHOME, DRY, FARM, ETC.)	Sul	ject shot	e St. Balto				23 /2	NO L
BALTIMORE, MARYLAND, 21		EXAMINER'S NAME ANI ITYPE OR PRINT: IRIAL CHEMATION, REMOVAL!	m. Dixo	Accident , Si	METERY O	Homicide X TITLE (SPECIFY) D ASSISTANT ADDRESS III F R CREMATORY PM. Park	MEDICAL EXAMINER Penn St. Ba	I.	DATE SIGNE	D.	6/24	
AH-17 5 ME (5))	24. F		ADDRESS	dmondson		750 DATE R	Catonsvi ECD. BY REGISTRAR 256 2 9 1981	REGIST	RAR'S S	hel	int way	

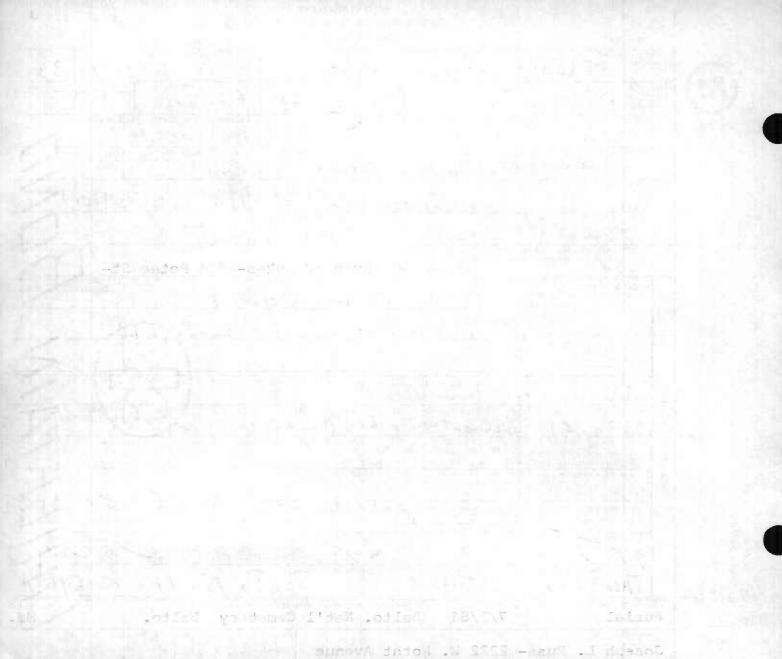




12		1-	FOR STATE REGISTRAR	DEPARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYD ICATE OF DEATH	GIENE 8 REG. NO	15/	2 5
9	se 3		CEASED NAME FIRST OR PRINT)		AST		MONTH DAY YEAR	The HOUR
ge 4 may	vication, page 3 vicas after death	3. SE.		RACE LACK S. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRTH	YRS.	The second name of the second name of
leath. Poo	orthin 72 bou		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH	MD.
201 rs after o	by the filled with		BA/E	11. NAME OF HOSPITAL, NURSING HOME O	R OTHER INSTITUTION	120. USUAL OCCUPATION OF WORK FOR MOST OF	ON 126, KIND WORKING LIFE) INDUSTRY	OF BUSINESS OR
AND 21:	should be ner must be	13a. S	AL RESIDENCE (IF NURSING HOME OR ITATE 13b. COUN		13d. INSIDE CITY LIMITS? YES MO	130 STREET ADDRESS 2873 WIN	CHESTER ST	: 2/2/6
E, MARYI	l and 2		THER'S NAME FIRST PART VAS DECEASED EVER IN U.S. AR	MIDDLE SYNDOR MED FORCES? 1166 SOCIAL SECURITY NO.	15 MOTHER'S MAIDEN NA FIRST 17 INFORMANT	MIDDLE	ELL	AST
LTIMORE: be exec	is an and ce		(IF YES, GIVE	231-18-2193	tve/yw	Sydnor	5Am	OXUMATE INTERVAL N ONSET AND DEATH
IST., BA	ng physic banpape remaval c event, t			Ily ane cause per line fg (a), (b), and (c).) DBY: TE CAUSE (a)	LEST			NONSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours is	by the attendi ase remave car I, crematian, or ather traumati		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF OUE TO, OR AS A CONSEQUENCE OF	NOWA ZO C	ALONG ARRI	BST 5/2	18/81
RDS, 201	n signed b Then plea: r to burial, injury, ar a	NOI	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO DEATH BUT RY OF PREWWW N	NOT RELATED TO THE TERM		DITION GIVEN IN PART	(01
AL RECO	has been it permit.	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION	N WAS PERFORMED	20a. AUTOPSY? YES NO	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES [
JOF VIT	and physics is certificate burial-transit Mental Hyginar Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DIVISION O	It ar attending po R: After this certifuse as the burial-tealth and Mental-tis marked ar Hem	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	231 LOCATION STREET	CITY OR TOW	0/	STATE
ATTEND	23 of the		saw the lecens calive an obove (I) we (du) (did no	it) view the bady after death.	nd that in (m) (our) opinion	death accurred on the do		e, that (I) (we) last ne couses stated
ITAL OF	by the nosponse process of the proce		22d. SIGNATURE PHYSICIAN'S NAME (TYPE OF	I Krewleuns	ATTENDING PHYSICIAN [F IAN 0 6-	4-81
TO HOSP	TO FUNERAL D should be detor with the State D IMPORTANT: IF	22-	MICHAEL STRANGE (1986)	R-KESSLER, MD	SINAI HO	DSPITAL OF	C BALTIAN	MORE
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	I - 16 50M 7/77 R A 15 (4))		NAME DISCOUR DE	12/1/ 12/18 X/	Colbrul JU		frettaling	7



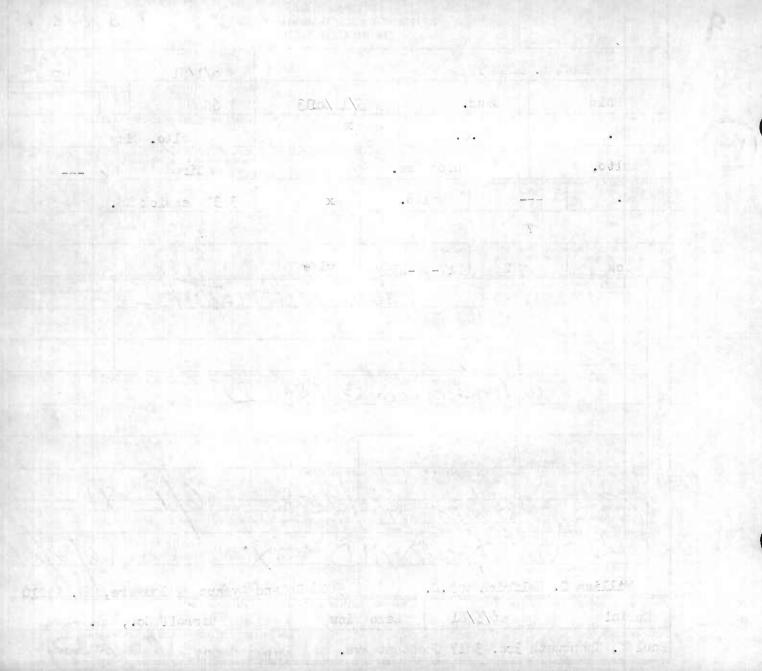
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- TON	3. SE	F	4. RACE	5. DATE O		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER	24 HRS MIN.
the state of the s		RTHPLACE (STATE OR FOREIGN	OS A	WIDOW		Batimore city or coun	TY OF DEATH	MD.
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ARYLAND 2120 T within 24 hours pletely filled in by ad 2 chough he file and 2 chough he file		AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	4.1	13d. INSIDE CITY LIMITS? YES NO []	130 STREET ADDRESS LEE	street	
MARYL ond 2 of		THER'S NAME	MIDDLE Botle	AST	E The	WIDDIE	Forsey	SIL S
TIMORE,		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (15 YES, GIV	A WAR OR DATES!	L SECURITY NO. 12-70631	17 INFORMANT uthard Syk	es-2814 Potee	St-	
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corbs, 2	CERTIFICATION	PART 2 OTHER SIGNIFICANT (190. DATE OF OPERATION	CONDITIONS CONTRIBUTION 196. CONDITION FOR I	WHICH OPERATIO		MINAL DISEASE OR CONDITION G	ES, WERE FINDINGS USED	0
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DIVISION OF VIT. DING PHYSICIAN: 1 or attending physic and After this certificate to so the buriol-trans oith and Mental Hyg marked or Hem 18 sh	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY S	STATE
TTENDI pritol or TOR: A for use of Heal		276 SIGNATURE	(() (_19	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	our and from the causes sta	
TO HOSPITAL OR A retained by the has TO FUNERAL DIRECT Should be detached with the State Dept.		122d. PHYSICIAN'S NAME TYPE OF	H+, ASG1+,	41	220 ADDRESS SO U	R Balto	Gen-140	50
7<4>BP	23a B	SURIAL, CREMATION, REMOVAL UCTIAL	^{23b. DATE} 7/2/81	Balto	emetery or crematory Nat'l Cem	etery Balto.	COUNTY S	'Md.
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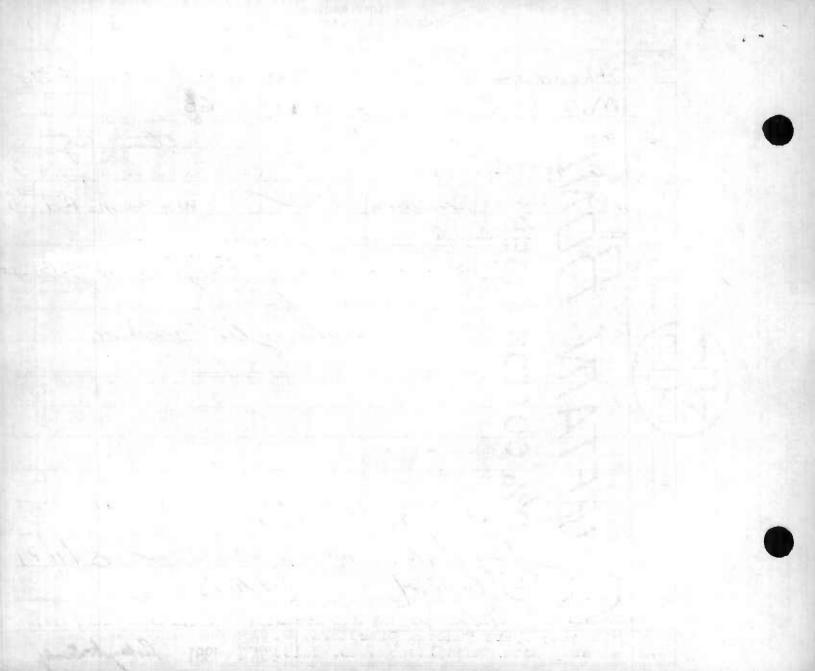
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ctor, p	3. SE	Male	4. RACE Cauc.		5. DATE C		6 AGE (IN YEARS LAST BI	MONTH	DER) YEAR IF UNDER ;	24 HRS MIN.
10 13 S	J√. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WE	HAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY	YRS. DR COUNTY OF E	DEATH	
the full of the fu	10 0	Balbo.	(IF NOT IN SUCHE	ACILITY, GIVE STREET A	G HOME C	R OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Retire	ION 12 OF WORKING LIFE) IN	b. KIND OF BUSINES	SS OR
filled in hould be	130.	AL RESIDENCE (IF NURSING HOME STATE 136 COL		VE RESIDENCE BEFORE Balto	N	13d. INSIDE CITY LIMITS? YES A NO	13. STREET ADDRESS 3432 Kes	wick Rd.		
Completely 2 showing	14. F.	ATHER'S NAME FIRST	MIDDLE	EAST		15 MOTHER'S MAIDEN NA	WE		LAST	
physicion and compopers. Pages I emoval.		WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (16 YES, C	EVE WAR OR DATES)	21.7-07-4		17. INFORMANT Wife	ADDR	ESS		
in. in box been signed by the ottending permit. Then please remove corbine prior to buriot, cremotion, or was ony injury, or other troumotic.	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR A	Visnese	NCE OF	NOT RELATED TO THE TERM BASC N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE	RE FINDINGS USED CAUSES OF DEATH	H?
HYSICIAN: The ading physicion in scentificate buriol-tronsit is a Mental Hygie or Item 18 sho	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	HOUR A.M. ER) P.M. 21e. PLACE OF	MONTH DA	19	21c. HOW INJURY OCCUR	YES NO RED (ENTER NATURE OF INJU			TATE
O HOSPITAL OR ATTENDING P etoned by the hospital or otten TO FUNERAL DIRECTOR, after I should be denoched for use os the with the State Dept. of Health and MPORTANT: If Hem 21 is marked		22d PHYSICIAN'S NAME (TYPE William G. H	or PRINT	10 10	, or	22e ADDRESS	MEDICAL STA	FF CIAN []	from the couses stol	re) lost
Bb TO FU Should with the Will MADOR	230	BURIAL, CREMATION, REMOVA		23c. N	ame of c	5006 Roland EMETERY OR CREMATORY View	23d. LOCATION	l Co	INTY ST.	10 TATE
DHMH-16 30M 2/80 (VRA 15, 4)		uneral director ul M. Chenowet	h 3rd. 361	L7 Chëst	nut A	ve.	E REC'D. BY REGISTRAR	25h PSGISTRAR'S	SIGNATURE	· .



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(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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n e	1.	FOR STATE REGISTRAR	D		HEALTH AND MENTAL HYC	REG. NO.	15/
22		CEASED NAME FIRST EJ		H. Th	Taylor	20. DATE OF DEATH MONTH	DAY YEAR 2b H
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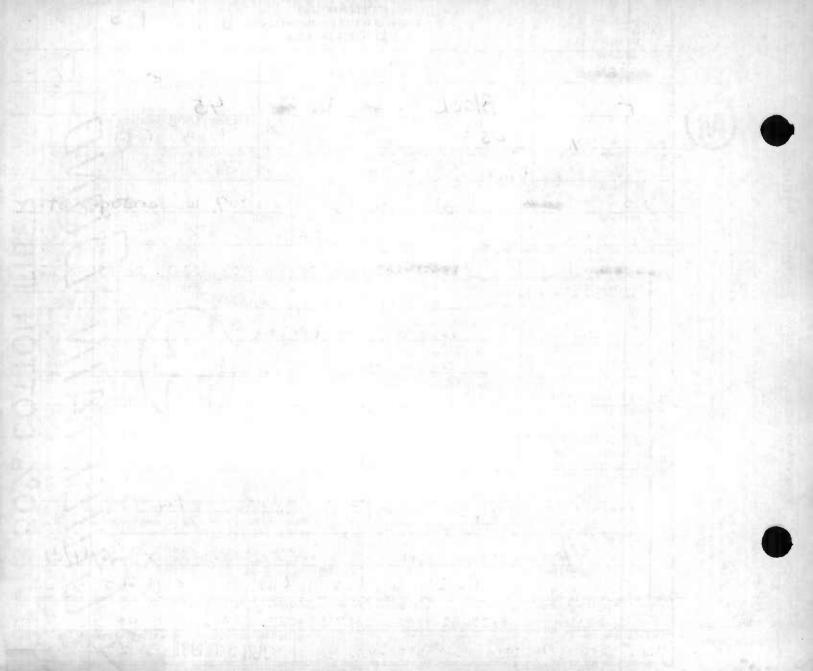
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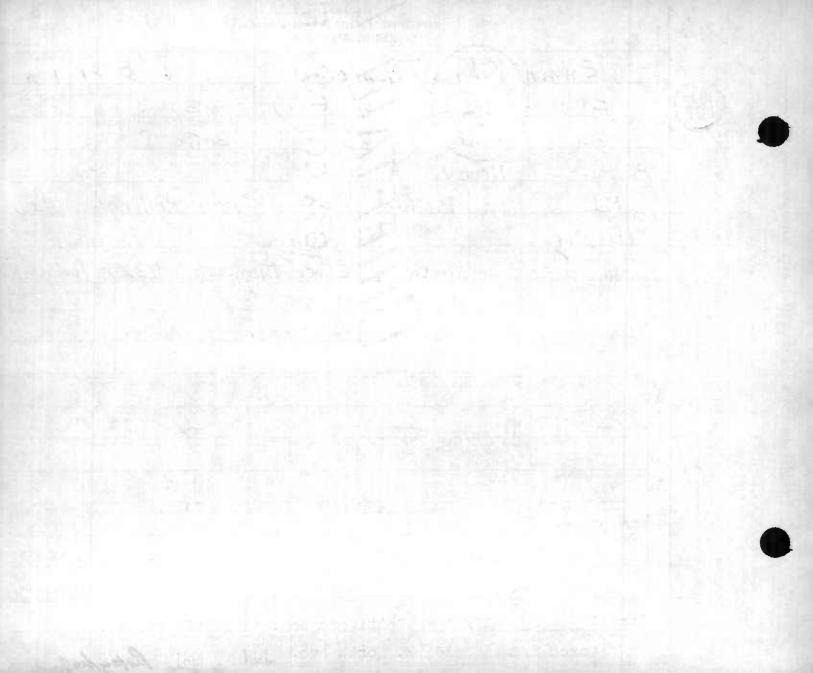
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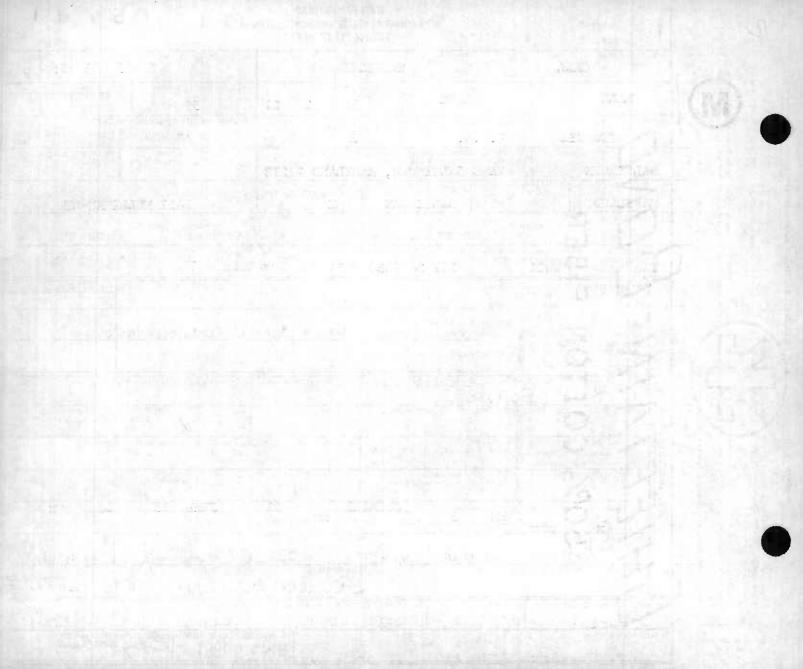
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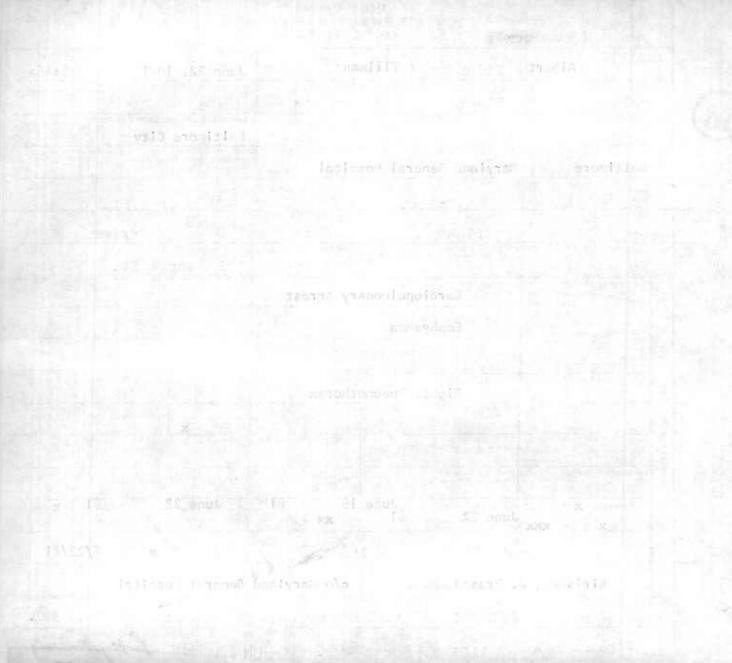
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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n signed by the ottendin Then please remove cont rto burial, cremation, or i injury, or other traumotic	NOI	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT (DUE TO, OR AS A CON	SEQUENCE OF	JE 18.						
te hos bee ssrt permit. Giene prio Shows ony	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WEI IN CERTIFYING YES	CAUSES OF	SUSED DEATH?		
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should be deficated with the Stote		228 PHYSICIAN'S NAME (TYPE O	OR PRINT)	- MA POL	3900 Loch R	Even Blud	Back	o, No	121218		
≓ † 3 <u>≥</u>	230.	BURIAL, CREMATION, REMOVAL	23b. DATE 6/20/81		EMETERY OR CREMATORY y Grove	23d. LOCATION CITY OR TOWN Canon	cou		SA.		
6 30M 2/80 4 15, 4)	24. F	Burial UNERAL DIRECTOR NAME Wm. C. Marc	ADD	RESS		E REC'D. BY REGISTRAR 1 9 1981	Listoy !				



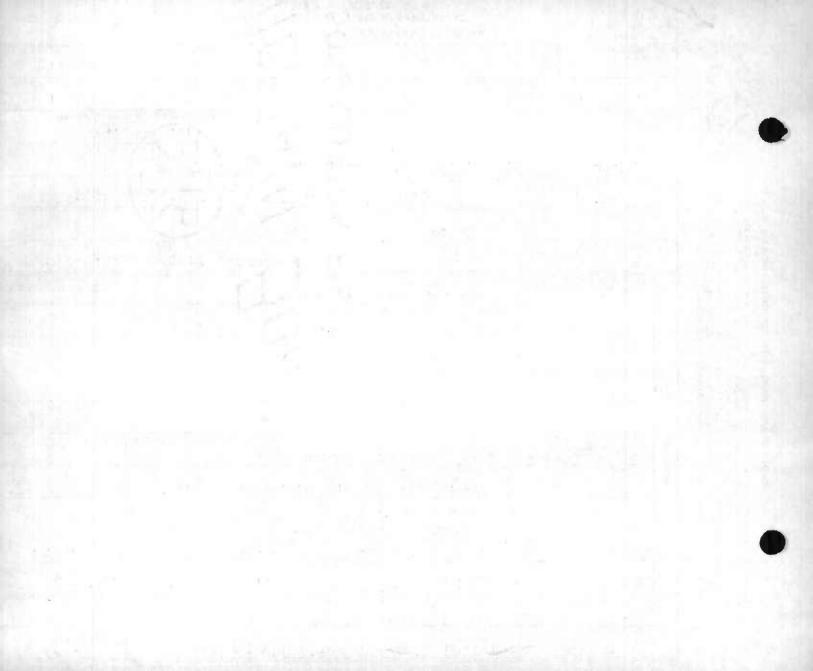


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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 20. DATE KNOWN TYPE OR PRINTS ESTI-DEATH MATED 19 81 6 28 HAU TOW Kuen 6. AGE (IN YEARS 5. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d. HOUR 2, AND 3 TO THE FUNERAL DIREC 3. RETAIN PAGE 5 FOR YOUR 2 SHOULD BE FILED, WITHIN 77 HG AL RECORDS, 201 W. PRESTON STE LAST BIRTHDAY) PRONOUNCED 8:40 28 1981 Dec. 6, 1938 DEAD 42 Oriental female 76 CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) China China WIDOWED DIVORCED Baltimore City 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 126 KIND OF BUSINESS OR INDUSTRY Assembler Baltimore | Maryland General Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Factory 13a, STATE 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 136 COUNTY 13c. CITY OR TOWN 318 Park Avenue Baltimore Maryland YES X NO [14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME PAGES 1, ORM PM AND MIDDLE MIDDLE LAST Lok Yin Ting Wah Tong Chan 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT Husband: DIVISION (YES, NO, OR UNKNOWN) 219-70-3770 Poy Jing Tow, Mt. Vernon, Wash. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only ane couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Hanging IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gove rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION USED / 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL, HEAD ONLY WARDED TO THE CHE PAGE 3 SHOULD BE LESTATE DEPARTMENT CO 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH XXX 6-24- 19 81 Subject hanged self. 21e PLACE OF INJURY 21f. LOCATION 21d. INJURY OCCURRED PAGE 4 SHOULD BE TOTALD TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 F STREET, FACTORY, FARM, ETC.) Balto. Md. NOT WHILE AT WORK 318 Park Ave. home AT WORK 220 I certify that I took charge of the remains described obove, held an death resulted from: Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL SIGNED 6-29-81 M.D. Assistant MEDICAL EXAMINER SIGNATURE Ann M. Dixon! 111 Penn St. M.D. EXAMINER'S NAME TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Lorraine Park Cemetery netery Woodlawn Balto To MD 25a DATE REC'D. BY REGISTRAR 235 EGISTRAR'S GNATURE Burial BP 24 FUNERAL DIRECTOR **DHMH-17** STEWART & MOWEN CO., 108 W. North Ave. 21201 VR A15 ME (5) 15M 2/80

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D	4. FA	THER'S NAME FRST John		MIDDLE	ownes	LAST 5		15 MOTHER Edn	LCT.	NAME	MIDE	J	ohns	son (A	ST	
1		AS DECEASED EVER I	N U.S. ARME		16b. SOC	IAL SECURITY	NO.	17. INFORM	ANT			ADDRESS				
	1,10	No	in 160, Give W/	AK OK DATES)				Edna	Tov	vnes	144	2 N.	Mou	unt	St.	
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	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE X parking lot 910 Belgian Ave. Balto.									NIMIA		STATE MD.			
		27a Certify that Itaak charge of the remains described above, held an Autopsy X. Inspection														
		EXAMINER'S NAME (TYPE OR PRINT)		nas D. Sm				ADDRESS		Pen			Balt	to.,	MD	
2	3a.BL	IRIAL, CREMATION, RE	MOVAL 23b			IAME OF CEM				CITY C	RTOWN		COU	_	STA	ATE
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James S. Kirklev, Glen Burnie, Md.

- STATE

REGISTRAR

24. FUNERAL DIRECTOR

DHMH-16 30M 2/80 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

26. HOUR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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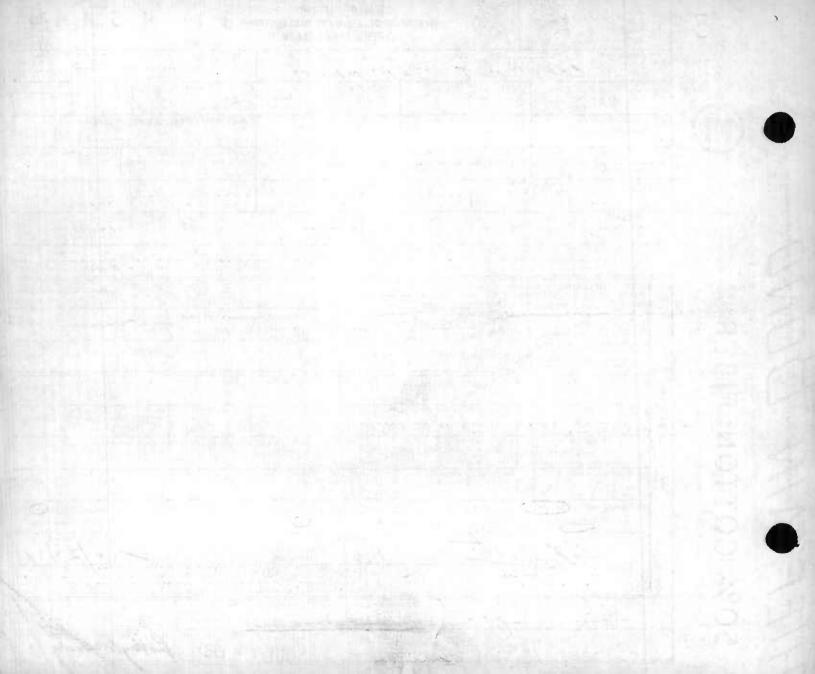
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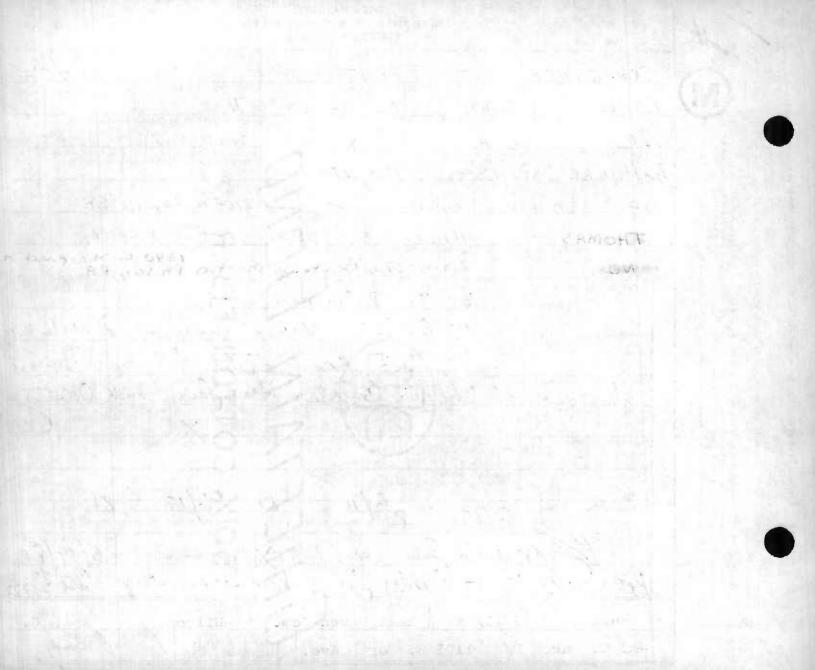
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TOR or u		sow the deceased alive an	at) view the bady after death	_19.8/ond	that in (my) (our) opinion	death occurred on the d	ate and haur and	from the causes stated
hed f hed f ept. c		22b. SIGNATURE	it) view the bady atter death	DE	GREE			22c. DATE SIGNED
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or a OR: OR: 1 is		220 I certify that (I) (this hasp	6 67 A			Z , 19, that (I) (we) I
		saw the deceased alive at abave, (1) (we) (did) (did n	n at) view the body after death		inian death accurred on the date and l	
ITAL OR AT y the hospital RAL OIRECT detached for itate Dept. of NNT: If Item 5		226. SIGNATURA	Stiller	DEGREE ATTENDE PHYSICI		224. DATE SIGNED
HOSP ined b FUNE uld be Uld be VORTA		22d PHYSICIAN'S NAME (TYPE	SEUN AK	ENE MY TOID	for X2 1	MIT, Let 212
To reta	23a	BURIAL, CREMATION, REMOVA		231. NAME OF CEMETERY OR CREMAT	ORY 236 LOCATION	COUNTY STATE
BP		BURIAL	7/3/81	MT. CALVARY CE		
53 _{DHMH-16 25M}	24 F	UNERAL DIRECTOR	ADD	DRESS 25	DATE RECO. BY RECISION RELIEF	After Met Cready
(VRA 15, 4) 1/79	1		/H 1101 E.		0 7 1001	/ /

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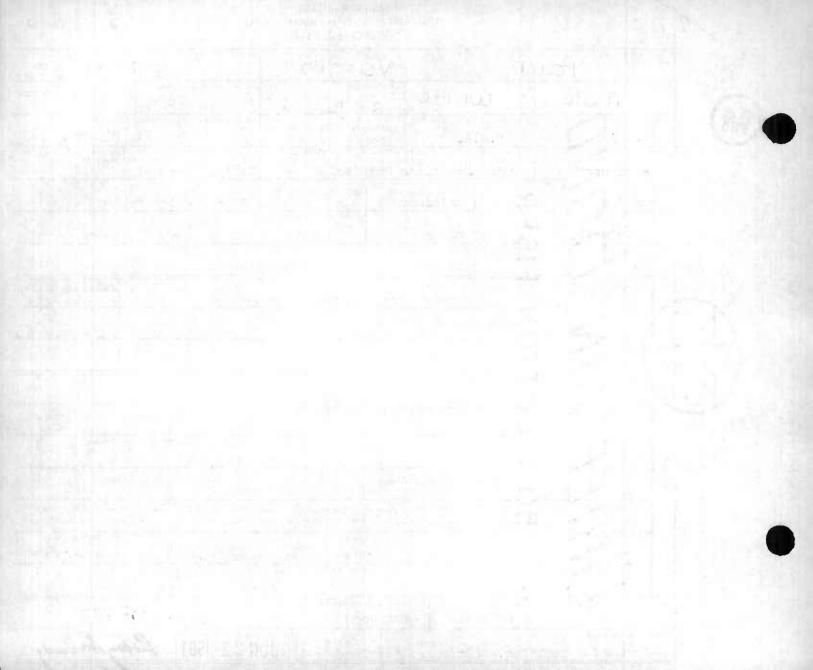
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N	1	FOR STATE REGISTRAR		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	IYGIENE 8	REG. NO	1 5	1	5 5		
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2 /4	3. SE	X	4. RACE		5. DATE C		6. AGE (IN	YEARS LAST BIRT	HDAY) IF UNI		UNDER 24 HRS		
wit (IMI)	7-0	MALE IRTHPLACE (STATE OR FOREIGN	BLACK		1	25 25	56		YRS.				
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352		ALTIMORE	JOHNS HOPKINS HOSPITAL					OCCUPATION FOR MOST OF		126. KIND OF BUSINESS OR INDUSTRY			
B. Carrier		AL RESIDENCE (IF NURS OU DE OU STATE MD .		BALTIMO		13d INSIDE CITY LIMITS YES AO	[?] 252	ADDRESS B	ETHEL (CT			
0-9	4. F	ATHER'S NAME FIRST	MIDDLE	LAST	77.	15 MOTHER'S MAIDEN	NAME	MIDDLE		LAST			
¥ 7 11 300	_	ROBERT			SR.	THELMA			Г	ORSE	V.		
0 0 pt 0 p		WAS DECEASED EVER IN U.S. AI	RMED FORCES?	166. SOCIAL SECU	IRITY NO.	17. INFORMANT		ADDRE	SS				
3 2 1		YES, NO OR UNKNOWN) (IF YES, GI		218-12-	-3505	THELMA	CROOK	252 N	BETHEI	CT.			
L BA		18 CAUSE OF DEATH (Enter o PART I. DEATH WAS CAUSI	ED BY:	line for (a), (b), and	nd (c).)	encepho	ulope	+40		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH		
5W 3 88 1		5-719	TE CAUSE (a)			7- 2-				, 07			
STO		Conditions, if ony, which	(b)	CIPP		13							
N. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph. Ph		gove rise to immediate cause (o), stating the underlying couse lost.	DUE TO, OF	alco h	ENCE OF	abuse							
RDS, 201	NO.	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	SE OR CONE	ITION GIVEN IN	PART 1(a)			
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires the offending physician wither this centificate has been signed as the buriol-transit permit. Then plea the and Mental Hygiene prior to buriol orked or frem 18 shows ony injury, are	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	YES [OPSY?		S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES \(\text{NO} \(\text{T} \)						
SICIAN: TI ng physicia certificate uniol-transit ental Hygi		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	A111	M. MONTH D.	AY YEAR	21c. HOW INJURY OCC	URRED (ENTER I	ATURE OF INJUR	Y IN ITEM 18 PART 1 C	PART 2)			
IVISION IG PHYS offendin fer this c s the bur n and Me	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET		CITY OR TOV	AN C	OUNTY	STATE		
TTENDIN pital or TOR: At for use of for use of the offt		220.1 certify that (1) this hosp sow the decessed after or abave, (1) we had a did no	6/25	19	81',01	nd that in (my) (aur) opin	ian death occur	ed on the do	te and hour and	from the cas	11.		
TALORA y the hosp the hosp RAL DIREC detoched tote Dept.		22b. SIGNATURE MU	r lu	direct deals.		DEGREE ATTENDING PHYSICIAN		STAF	F	DATE SIG	25/8/		
HOSPII FUNER Sold be SORTAN		DALE R	ORPRINT) ENLU	NO		22e ADDRESS 601 N	1. 150	dide	way	Bac	how		
D 8 D 8 ₹ ₹	230	BURIAL, CREMATION, REMOVAL (SPECIFY)		23c. 1		EMETERY OR CREMATOR	CI	ATION YOR TOWN ROWNSY	/ILLE COL	YIN	STATE MD.		
DHMH-16 30M 2/80 (VRA 15, 4)		UNERAL DIRECTOR)1 F N	ᡣᡶᢪᡡ	F				25b. HE STRAR	Act &	cody		

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1	1			STATE OF MARYLAND		• 4	a stwa	70 75
4	1.	FOR STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MEN CERTIFICATE OF DEA		REG. NO.	15/	5 8
3		CEASED NAME FIRST	WIDDLE	LASI	2a DA E	S SPATH LAND	H DAY YEAR	26 HOUR
deor	L	BESS		VAUGHAN	JU	NE 30	1981	04:50PM
Office	3. SE	×	BIK		963 6. AGE		L S OF DO DER I YEAR MONTHS DAYS	HOURS MIN.
Poor		IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT		9 BALTH	MORE CITY OR CO		* * **********************************
33		V.A	U.S.A	WIDOWED DIVOR		LTIMORE	CITY	MD.
lied within	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUT		AL OCCUPATION WORK FOR MOST OF WOR		BUSINESS OR
100		BALTU	THE JOHNS H	OPKINS HOSPI				
ad blue BS	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b COUN	TY 13c. CITY OR TO			ET ADDRESS	Galmore	st
9	14. F	ATHER'S NAME	MIDDLE LAST	15. MOTHER'S MA	IDEN NAME	WIDDLE	IAST	
\$0U	L	JAMES	t Mo	eris Ell	JIRA	MIDDLE	Thom	H-5
medical		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SOCIAL SI			ADDRESS		
a a				Alber	et Wau	GAN 1	918 RIGG	SSAUE
Ť,		18 CAUSE OF DEATH (Enter an	ly ane cause per ling (a), (b),	and (c).)			APPROXIM BETWEEN OF	ATE INTERVAL
ewant, the		PART I. DEATH WAS CAUSEI		calcenia				
	1	1749	DUE TO, OR AS 4 CONSE	QUENCE OF /				S 197-339
motion, r troum		Canditions, if ony, which	((b) Melast	the Areast	caucer			
, cremotian, or r other troumotic		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	QUENCE OF				
or oth		underlying cause last.	(c)					100
njury, o	Z	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING	O DEATH BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITIO	N GIVEN IN PART 1(a)	
prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	CH OPERATION WAS PERFORME	D 200 A	UTOPSY? 20b.	IF YES, WERE FINDING	GS USED
Shows	Ĕ				YES [CERTIFYING CAUSES C	OF DEATH?
or Hem 18 shows	1 8	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY	Y OCCURRED (ENTE			
Hem]	_	OR CONTRIBUTING CAUSE OF DEA		DAY YEAR				
ŏ	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		CITY OR TOWN	COUNTY	STATE
2	₹	WHILE NOT WHILE AT WORK	(AT HOME STREET FACTORY, OFFI	CE, FARM, ETC.) STREET		CITY OR TOWN	COUNTY	STATE
is morked		22a.1 certify that (I) (this hospit	tol) ottended the deceased fro	n 6/28 1	9 81 , 10	6/30		nay (1) we) last
21 is		sow the deserting alive on, above, (1) (ive) (did) (did no	6/30	21 and that in (my (aur) opinian death occu	orred an the date or	nd hour and fram the co	
E E		276 SIGNATURE	ne bady after death.	DEGREE			22c. DATE S	IGNED
- -		K. M. Xlai	ughlin MR		NDING MEDIC	AL STAFF OR PHYSICIAN	1 6/30	181
TANT	1	22d. PHYSICIAN A MAME (TIPE D	offiniti A	22e. ADDRESS	JICIAN G BIMEEN	OK B THISICIAN	2 10/50	-
IMPORTANT		MG/AUGA	LIN, K	600 1	N. WOLF	ESt.	Balto A	d
		BURIAL, CREMATION, REMOVAL	_ / /	NAME OF CEMETERY OR CREM	MATORY 23d. LC	CATION CITY OR TOWN	COUNTY	STATE
_		BURIAL	7/7/81	Arbutus	Ciem	BALD		Md
2/80	24 F	UNERAL DIRECTOR	ADDRES	5	25a. DATE REC'D. 8	SY REGISTRAR 25b. R	EGISTRAR'S SIGNATU	RE
		VERNON R. B	Ackey 134	& N. CA (hown	JUL 02	1981	MARTY PROBER	mody

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DEPARTM	ENT OF	HE	ALT	TH /	ND	MENT

AL HYGIENE

/	FOR 1 - STATE REGISTRAR	DE	PARTMENT OF HEALTH AND M CERTIFICATE OF D		15/59)
	I. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH		
	John		VELTEN	Turno	18 1981 9:45	۸.
	3. SEX	4 RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST		
	Male	White	Dec. 18, DAY 19			NIN.
4.00	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	9 BALTIMORE CITY	OR COUNTY OF DEATH	
1	Germany	U.S.A.		ORCED Baltimor	e City	MD
8	Baltimore	Maryland Ge	neral Hospital	TUTION 120 USUAL OCCUP, (TYPE OF WORK FOR MOS		OR
5	USUAL RESIDENCE (IF NURSING HOME 130. STATE 13b. CO Maruland	OR OTHER INSTITUTION GIVE RESIDENCE DUNTY 13c. CITY O	R TOWN 13d. INSIDE CIT		s thern Ave.	
)(14 FATHER'S NAME FIRST John	WIDDLE	15. MOTHER'S	MAIDEN NAME		
A	160 WAS DECEASED EVER IN U.S.		L SECURITY NO. 17. INFORMAN		DRESS	_
	(YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES) 212-0	03-9696 Mrs. M	argaret K. Velte	en Same as # 13e	
	DARTI DEATH WAS CALL	anly ane cause per line far (a), ISED BY: IATE CAUSE (a) Multip DUE TO, OR AS A CON (b) DUE TO, OR AS A CON	le Myeloma		APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	тн
	PART 2 OTHER SIGNIFICAN Arterioscle Fibrillation	T CONDITIONS CONTRIBUTION TO CATOLOGIC		O THE TERMINAL DISEASE OR CO	ONDITION GIVEN IN PART 11a ronic Atrial	
2	Arterioscie: Fibrillatio: 19a DATE OF OPERATION 21a ACCIDENT WAS UNDERLYING		WHICH OPERATION WAS PERFOR	MED 200 AUTOPSY? YES □ NO □	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO	
9	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF I (IF EITHER NOTIFY MEDICAL EXAMILE AWORK AT WORK AT WORK		H DAY YEAR	URY OCCURRED (ENTER NATURE OF IN	NJURY IN ITEM TS. PART I OR PART 2)	
	220.1 certify that X (this has saw the deceased alive	spitol) attended the deceosed an June 18	DEGREE AT	aur) apınian deoth accurred on the	18 , 1981 , thotXXX(we) date and have and from the causes stated 22c. DATE SIGNED IAFF SICIAN	
1	22d PHYSICIAN'S NAME (TYP Eric Fish	er, M.D.	c/o Ma	ryland General		
	230 BURIAL, CREMATION, REMOV.	June 20,1981	234. NAME OF CEMETERY OR CF		Baltimore, Maryla	an
	24 FLORIEDAL DIDECTOR			122 - 22 - 22 - 2		$\overline{}$

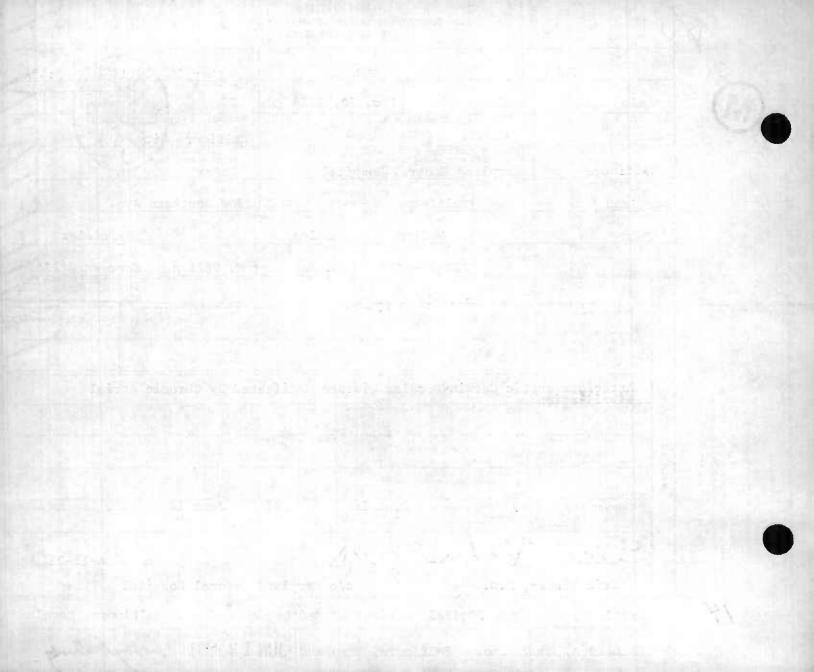
PAMH - 16 50M 1/B1 (VRA 15, 4)

ORTANT: If Item 21 is marked ar Item 18 shaws any injury, ar other traumatic event, th TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physic should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

24 FUNERAL DIRECTOR
NAME

Leonard J, Ruck, Inc.

Baltimore, Maryland



12	1-	FOR STATE REGISTRAR	,d,FilmG		DEPART	MENT OF I	HEALTH		ENTAL H	0	тн і	REG. NO	5	1	6	0	
		CEASED NAME OR PRINT)	E FIRST		MIDDLE			LAST		20	DATE KI	KI NWON		DAY	YEAR	2b. HOUR	
1 7			Jonn	а	L.		Ve	ermill	ion		OF DEATH A	AATED	5	131	981	M	
	3. SEX		4. RACE	5. DATE OF BIRT	Y YEAR	6. AGE (IN YEA			IF UNDER 2		RONOUNC	ED	MONTH	DAY	YEAR	3 HOUR	
		emale	White	9 2		32 YR	S.				DEAD	DE CUY O	5	13		м	
7	FO	REIGN COUNTRY)				VIRY?		ED NEV		ED 🔲		RE CITY O		TY OF DE	EATH		
L		TY OR TOWN	on, D.C.	U.S.A		IRSING HOME	WIDOW		DIVORCE			MOPE		126 KIN	D OF BU	MD	
3		Baltimo	ore	(JE ROT IN SUCH	Hopk	ns Hos	pital		17	FORMO	OST OF WORKIN			OR	Dent	Y	
3	13a. S	iaska	131 COUN	ty horage	13c. CIT	r or town Tugiak		13d INSIDE CIT	TY LIMITS?		tar Ro	s oute B	sox #	777			
	14. FA	THER'S NAMI		MIDDLE		LAST		TS. MOTHER	R'S MAIDEN	NNAME	MIDI	DLE		LA.	AST		
)	_	Whitney		Μ.		Prall			lisa					Ba	Hau		
2	16a. V (YI	AS DECEASE ES, NO, OR UNKNO	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)		CIAL SECURITY		17. INFORM				ADDRESS		4177			
		no				-48 - 318	4	James	L. V	ermil	lion	Star	R+.#	777	99	567	
		18 CAUSE C	F DEATH (Enter on ATH WAS CAUSE	D BY-	_										ROXIMATE EN ONSET	AND DEATH	
		610		TE CAUSE (0)	Drown	-											
	>	Conditio	ns if any, which	DUE TO, C	JR AS A COI	NSEQUENCE (OF .										
13	-		se to immediate stating the under-	(b)	OR AS A COL	NSEQUENCE O	٠							-			
		lying cou		DUE TO,	DR AS A COI	NSEGUENCE)r										
- 1		PART 2 OTNER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEA	TN RUT NOT REI	ATEN TO THE TERM	NAI DISEASE	US CUMULTION	CIVEN IN DAD	Tital							
	N			Hepatoc			cinon		OFFER IN FAR	1 (0).							
	ATIC	19a. DATE OF	OPERATION			WHICH OPER			MED?					20. AL	JTOPSY?		
	LIFIC													YE	s X	NO 🗆	
1	MEDICAL CERTIFICATION		L CAUSE WAS	216 TIME	OF INJURY	DAY YEAR	21c HC	W INJURY	OCCURRED) (ENTER NA	TURE OF INJUR	Y IN ITEM 18 PA	ART 1 OR PA		74		
5	SAL	UNDERLYING CONTRIBUTI	G □XOR NG □ CAUSE OF I		x 5	1319 8	1	subje	ct dr	owned	d in b	athtu	b				
	EDI	21d. INJURY		STREET E	E OF INJURY	(AT HOME,	21f. LOC	ATION			CITY OR TOWN			IAITU		*****	
	2	AT WORK	NOT WHILE [X bo	tel	. ()		N. Br	oadwa	ıy	Balto		CO	UNTY		MD.	
5		SOURCE COS	ty that I took hard	e of the remains o	lescribed plan	eve, held on	Mitops	y [].	Inspection		Inquiry	ond	l in my ap	oinion			
0	n	death result	/	20	Acching	[287 s		Hamici			mined moni		, up				
30		12751.1101	1/	1.	Y7	14	4	TITLE (SP									
		ACTUAL SIGNATURE.	1	Low	ack	Muy	6 M	Deput	y Chi	ef MEDIC	AL EXAMIN	VER	DATE	6/	22/8	31	
7			NAME T	hama = D	C	M	(111						1		
1		EXAMINER'S (TYPE OR PRI	NI)	homas D.	SMITI	1, M.U.		ADDRESS	111	Penn		Balto	۷۰, ۱۷	IU.			
	23a.Bl	JRIAL, CREMA	TION, REMOVAL	36 DATE	23c.	NAME OF CEA	NETERY OF	CREMATO	Ry	23d. LOC	ATION		cour	NTY	STA	ATE	
		Cremate		5/24/81	Ke	hl's Fo	rest	Lawn	Mem.C	hape	1 An	chora					
	-	NERAL DIREC		ADDR	ESS				So. DATER	TO BY B	EGISTRAR	75b. REGIS	IKAR'S S	jiGNATŲ	RE	7	
	Am	prose l	uneral H	ome 132	8 Sul	ohur Sp	ring	Rd.	. 1	Told .				4		141671	

1271 1982 18	11-	FOR STATE			STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEG NO.										2
		REGISTRAR		ME		XAMINI	ER'S CE	RTIFICAT	E OF DE	ATH "	REG. NO	D.			
		CEASED NAME PE OR PRINT)	FIRST		WIDDLE		LA	IST		20. DATE I	KNOWN	MONTH	DAY	YE AR	26. HOUR
2000			RANCE	S			WAD)E		DEATH	MATED D	5	25	1981	
254.03	3. SE	X 4 RACE		5 DATE OF BIRTH	1	AGE (IN YEAR	S IF UND		NDER 24 HRS.	2c. DATE		MONTH	DAÝ	YEAR	ले भकिष्ट
三 美美	<i>i</i> ll =	emale ned	iro	MONTH DAY	09	LAST BIRTHDAY	1110111111	DAYS HOU	RS MIN.	PRONOUN DE AD	CED	5	27	1981	
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Sage ar	16	CEIGN COUNTRY)		1. <	10	100		NEVER M				_	III OF L	EAIR	
25,003 / 5	10.0	ITY OR TOWN OF DEAT	-	رر، ک	· 14		WIDOWE		ORCED		more				MD.
A RECEN	N			11. NAME OF HOS (IF NOT IN SUCH FA	CILITY, GIVE STR	EET ADDRESS)	OR OTHER	RINSTITUTION	12a. USI	MOST OF WILES	'ATION (TYP (ING LIFE)	E OF WORK	12b KIN	ND OF BU	SINESS
SEE POE	4	Baltimore			Fremor				N	Wi c	1				
201 NY DELAY IS 1 MD 3 TO THE BI ULD BE FILED CORDS, 201 W	13a. S	AL RESIDENCE (IF IN NURS	ING HOME OR		VE RESIDENCE BI			3d. INSIDE CITY LIMI	112 - CTD	SET ADDRES		_		0	n
F ANY D AND 3 SHOULD LACORD	Y	MZ.	000111		8	LA C	V	-	115? 13e. STR	2 ADUKE	1/: 1-	re		\times 1	her
9	14. F	ATHER'S NAME		· · · · · · · · · · · · · · · · · · ·	1	1		5. MOTHER'S N			VII		1	- 4	1
PREATH AND SAND	7	FIRST	iL	WIDDLE	man	IST		FIRST		MI	DDLE		11	LAST (
0 005 0	16a \	VAS DECEASED EVER IN	IIIS ARM	ED FORCES?	16b. SOCI	AL SECURITY	NO II	1. INFORMANT	,14		ADDRESS	3	NA	3-017	<u> </u>
BALTIMORE BALTIMORE B. GIVE PAGES WITH FORM P I PAGES I AN DIVISION PEN	()	ES, NO, OR UNKNOWN)		(AR OR DATES)	20		-410				ADDRESS				
BALTIN JRS AFTE B. GIVE P. WITH FO T. PAGES DIVISION	u				124	0-03	11.1	7)							
		18 CAUSE OF DEATH PART I DEATH WA	(Enter only	one cause per line	far (a), (b),	and (c).)						7113	BETW	PROXIMATE	INTERVAL AND DEATH
W. PRESTON ST WITHIN 24 HOI ENCIL IN ITEM I MINER ALONG TRANTI PERMI INTAL HYGIENE, OR REMOVAL.				CAUSE (a) A	rterio	scler	otic o	cardiov	ascular	r dise	ase				
STAP STAP STAP STAP STAP STAP STAP STAP		4292			AS A CONS	EQUENCE O	F							-	
ER HE		Conditions, if on		1									1 1		
× × × × × × × × × × × × × × × × × × ×		gave rise to in cause (a) stating t		DUE TO, OR	AS A CONS	FOLIENCE	-						-		
Z A P P P P P P P P P P P P P P P P P P		lying couse lost.		DOC 10, OK	AS A CONS	EGUENCEU									
2 2 2 2 2 2 D				(c)											
MA BENEFIT	-	PART 2 DTNER SIGNIFICANT (DNDITIDHS C					R CONDITION GIVEN	IN PART 1 (a).				-3 N.		
BIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S. CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR RITING THE WORD. "RENDING." IN PENCIL IN ITEM 18 ROBE TO THE CHIEF MEDICAL EXAMINER ALONG WE 3 SHOULD BE USED AS A BURIAL. TRANISIT PERMIT E DEPARTMENT OF HEALTH AND MENTAL HYGIENE, TO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	CERTIFICATION					es mel									
DIVISION OF VITAL RECC BIT THIS CERTIFICATE SHOULD BE ATE, WARTING THE WORD, "PENI ORWARDED TO THE CHIEF ME OF PROPER STATE DEPARTMENT OF HEALT TO THE OFFICE OF THE	3	190. DATE OF OPERAT	ION	196 CONDIT	ION FOR W	HICH OPERA	TION WAS	PERFORMED?					2D A	UTOPSY?	
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S CE	¥	WHILE D NOT W	HILE	STREET, FACT	ORY, FARM, ETC	.)	STRE			CITY OR FOW	/N	co	YTAU		STATE
THIS WALL		AT WORK AT WO	RK												
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### E + 3		death resulted from:	Noturo	l couses X.	Accident	. Suic	ide 🗌	Homicide		ermined mai					
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1101 E. North Ave.

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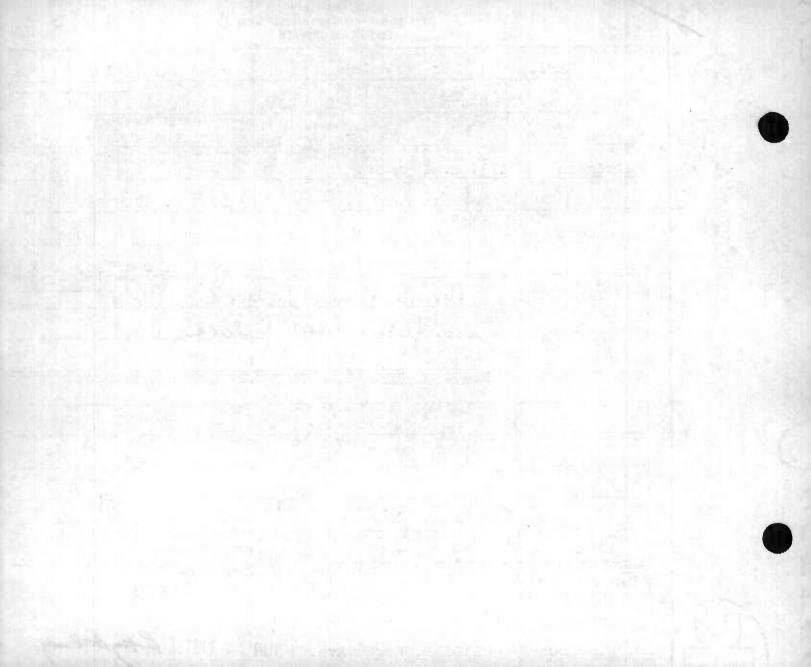
24 FUNERAL DIRECTOR

Wm. C. March F/H

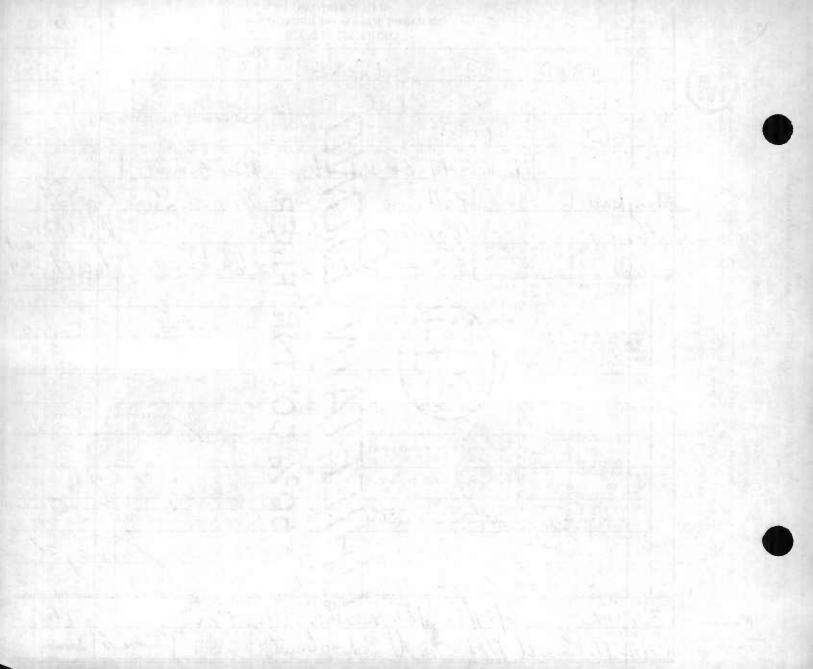
DHMH - 16 50M 1/B1 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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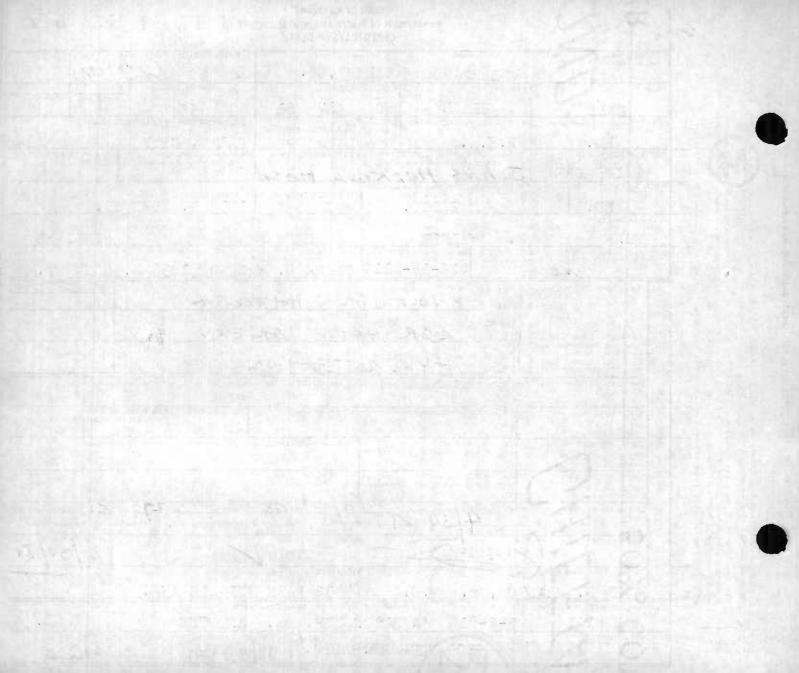


	1			STATE OF MARYLAND		
2	1	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	5 / 6 5
9 25		CEASED NAME FIRST DAULD	MIDDLE	WALKER	20. DATE OF DEATH MONTH	21 81 5,15 h
9e 4 mo	3. St	* Male	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 12 9 28	6 AGE (IN YEARS LAST BIRTHDAY) 53 YRS	MONTHS DATS HOURS MIN.
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re be execution and colors. Pages 1		WAS DECEASED EVER IN U.S. ARA (YES, NO ORUNKNOWN) (IF YES, GIVE	WAR OR DATES) 2/5-	22-1372 Miss. Or	a White 1981	Sufaw Pl. C4 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death certificate is signed by the attending physic then please remove carbonpape to burial, cremation, or removal niury, or other fraumatic event, it	z	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEC	MENCE OF Copylinovary	anes f	3 Days
n. n. sermit. ne prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
itySICIAN: The ding physicion is certificate h buriol-tronsit particular Mentol Hygien or frem 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA- (IF EITHER, NOTIFY MEDICAL EXAMINER)		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM I	8 PART 1 OR PART 2)
os the thought of the orked orked	MEDICAL	21d. INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC		CITY OR TOWN	COUNTY STATE
L OR ATTENITHE hospital L DIRECTOR: toched for us e Dept. of He		220 I certify that (1) this hospit sow the discessed slive an above (1) over later (and not 22b. SIGNATURE	(0/2/ 19	DEGREE ATTENDING	MEDICAL STAFF	our and from the couses stated
HOSPI oined b D FUNEI ould be ith the Si		22d. PHYSICIAN'S NAME (TYPE OF	Young	22e ADDRESS	Md Hosp	
PP	I	BURIAL, CREMATION, REMOVAL BURIAL BURIAL	23b. DAJE 23	WAME OF CEMETERY OF CREMATORY VI. AMIBURN CEM	23d LOCATION TO STORY OF TOWN	COUNTY MDY
DHMH-16 30M 2/80 (VRA 15, 4)	24.1	UNERAL DIRECTOR	11 T/L/ - SDRESS	Shooder 1	N 2 0 1001	STRAR'S SIGNATURE

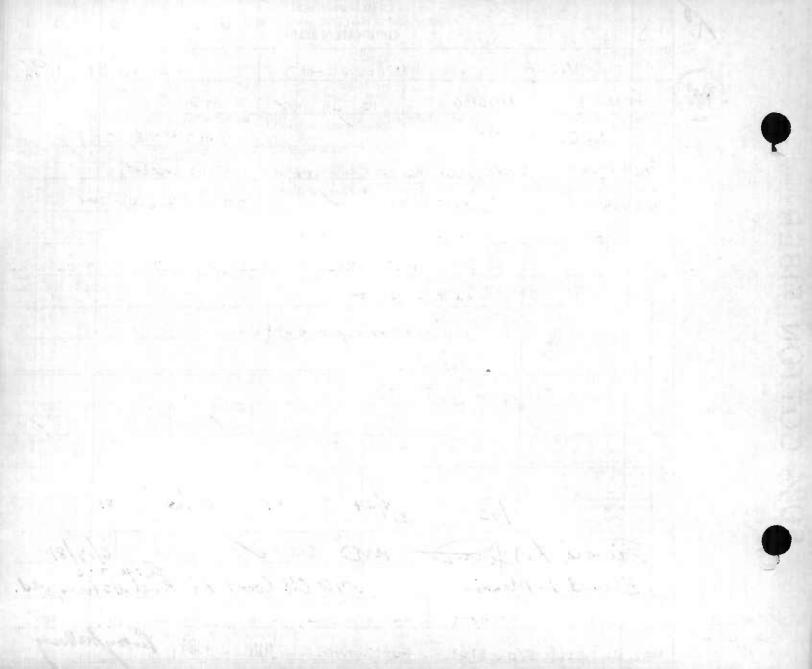


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 . 1 FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20. DATE OF DEATH MONTH 2h HOUR TYPE OR PRINTS Julia Walker June 12 4 RACE 3. SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Black Female 1923 To BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY U.S.A. Georgia WIDOWED Baltimore City DIVORCED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 126. KIND OF BUSINESS OR Johns Hopkins Hospital (TYPE OF WORK FOR MOST OF WORKING LIFE)
HOUSEWIFE Baltimore SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13e STREET ADDRESS 1018 W. Saratoga St. 13b COUNTY Baltimore 13d. INSIDE CITY LIMITS? Md. NO F 4. FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE Sullivan Unknown Edna RESTON ST., BALTIMORE 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS [YES NO OR UNKNOWN] (IF YES, GIVE WAR OR DATES) Ella Sullivan 20 Totten St. 254-30-9837 Unknown APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY: rumonanyemo hu IMMEDIATE CAUSE (a) 21 DAYS Canditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. 2DAYS PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 0 19a DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES NO [-tronsit | 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF NJURY IN ITEM 18 PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH burial-tr Mental MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 20 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 morked WHILE ___ NOT WHILE AT WORK 22a 1 certify that (1) (this haspital) attended the deceased from that (1) (we) last S saw the deceased alive an. and that in (my) (aur) apinian death accurred an the date and hour and from the causes stated abave. (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DAME SIGNED 4 ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 27d PHYSICIAN'S NAME TTYPE OF PRINTS 22e ADDRES should be with the S IMPORTA 23a. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 23h DATE (SPECIFY) CITY OR TOWN Burial Baltimore City Md. Auburn Cem 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b. RESS DHMH-16 30M 2/80 1101 E. North Ave. (VRA 15, 4) Wm. C. March F.H.

h	1 -	FOR STATE REGISTRAR		DEPAR	MENT OF	E OF MARYLAND EALTH AND MENTAL I ICATE OF DEATH	HYGIENE 8	REG. NO.	5 /	6 7
		CEASED NAME FIRST	THE WAY	MIDDLE		AST	2a. DATE OF		DAY YEAR	2b HOUR
noy be poge 3	(ITPE	ORPRINT) KART	BER	NARD	WAL	KER, SR.	6	(5-	27-1981	M
moy, pog	3. SE.	x	4 RACE		5. DATE C		6. AGE UNIVE	RS LAST BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
- 8 8 6		MALE	BI	ACK	08	17 81		55 YRS	MONTHS CAYS	HOURS
2 42 /m		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY	? B	NEVER MARRIED	9 BALTIMOR	E CITY OR COUN	TY OF DEATH	
		MD.	U.S.A		WIDOWE		D BALT	CITY		MD.
(M) bo	10. CI	TY OR TOWN OF DEATH		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL O	CCUPATION FOR MOST OF WORKING		F BUSINESS OR
B 1 100		BALTIMORE	John	NS HE	PKI	NS HOS	P			
27 27 20	13a S	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUL	R OTHER INSTITUTION NTY	130 CITY OR TO	RE ADMISSION)	13d. INSIDE CITY LIMITS	? I3e. STREET A	DDRESS		
A 5 12 D		MD.	Harte	BALTO		YES NO	1038	N. EDEN	V ST.	
MAY WITH MANY	.14. F.A		MIODLE	LAST		15 MOTHER'S MAIDEN	NAME	MIDDLE	LAST	
¥ 1 100		FRANK	I. V	VALKER		MABLE	V VIII.	ADDRESS	WILL.	IAIS
MORE exact Pages			E WAR OR DATES	16b SOCIAL SEC		17 INFORMANT	DEAT SECTION		1	CIED
		NO		220-18		CLARA L.	WALKER	1038 P	- EDEN	MATE INTERVAL DINSET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALLIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be exacutate within 24 hours rattending physician and completely filled in the offer this certificate has been signed by the ottending physician and completely filled in a state buriol-transit permit. Then please remove corban poper. Pages I and 2 should be lith and Mental Hygiene prior to buriol, cremotion, or removal. or ked or team 18 shows ony injury, or other froumatic event, the medical examiner must be to orked or team 18 shows ony injury, or other froumatic event, the medical examiner must be to orked or team.		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE IMMEDIA 4.0.0 Conditions, if any, which	ED BY: TE CAUSE (o)	RAS A CONSEQUE	ANDI	ARY A	MATIO	su suis	BETWEEN	NSET AND DEATH
5, 201 W. PRESTON ires that the death ce gned by the attendin in please remove corb burial, cremation, or it, or or other froumatic		gave rise to immediate couse (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT	DUE TO, O	AA	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEASE	OR CONDITION G	GIVEN IN PART 1(c	1)
TAL RECORDS, 2 The low require: cion. sit permit. Then p giene prior to built shows ony injury.	CERTIFICATION	190 DATE OF OPERATION	19b COND	ITION FOR WHIC	H OPERATIO	n was performed	20a AUTO	IN CER	ES, WERE FINDIN TIFYING CAUSES YES [
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DIVISION OF DING PHYSICIA or attending p After this certi e as the buriol- olth and Menta marked or Item	MEDICAL	21d. INJURY OCCURRED WHILE OF NOT WHILE OF NOT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE	, FARM, ETC.)	21f. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
TTEND pitot o TIOR: A for use of Heal		22a 1 certify that (I) (this hasp saw the deceased olive ar abave, (I) (we) (did) (did no		+130 19		nd that in (my) (our) opin	ion death occurred	on the date and h	bur and fram the	
0 0 0 0 0		22b. SIGNATURE	nw	w	-	DEGREE ATTENDIN PHYSICIAI	G MEDICAL N DIRECTOR [STAFF PHYSICIAN	22c. DATE	30/81
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1001	23a E	BURIAL, CREMATION, REMOVAL				EMETERY OR CREMATO	CITY OR	TOWN	COUNTY	STATE
UU BP	0.5	BURIAL	7-2-8	SL A	RBUTU			PUS	520 1010 51	ID.
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	0	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENT ICATE OF DEAT		8 REG. N	10	5 /	68
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AND 2 n 24 h r filled	2		DRYLAND !			MORE	YES NO	□ 2	TREET ADDRESS	4L BUK	SN HUE	
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MORE, e execu		- 1Y		S. ARMED FORCES? ES, GIVE WAR OR DATES)		SECURITY NO.	17 INFORMANT		ADDR			
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the the rem			couse (a), stoting th	TO DUE TO.	OR AS A CONS		0					
thot thot d by eose ol, c			underlying cause los	st (c)_	Scho	wdeine	\sim					
PDS, 20		_	PART 2. OTHER SIGNIFICA	ANT CONDITIONS	CONTRIBUTING	G TO DEATH BUT	NOT RELATED TO T	HE TERMINAL D	ISEASE OR CON	DITION GIV	EN IN PART 1(0)	
ORD requ		9	Breast	Ca possil	they coul	hibuted						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the death certificate be executed within 24 hours of the difference of the physician and completely filled in by as the buriol-transit permit. Then please remove carbonpopers. Pages 1 and 2 should be filled in by the difference of the principle of the production of the principle of the principle of the principle of the principle of the production of the principle of the pr		CERTIFICATION	190 DATE OF OPERATION	196 CON	DITION FOR W	/HICH OPERATIOI	N WAS PERFORMED		AUTOPSY?	206. IF YES IN CERTIF	S, WERE FINDING YING CAUSES OF	S USED F DEATH?
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spitol CTOR.	7		saw the deceased alm above, (1) (we) (did) (d	ve on	dv after death.	19_ 8 , on	d that in (my) (our)	opinion death o	occurred on the d	late and hou	ir and from the co	uses stated
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of To Sho with	3		URIAL, CREMATION, REMO	OVAL 236. DATE		23c. NAME OF C	METERY OR CREM	ATORY 23d	LOCATION CITY OF TOWN		COLINITY	7
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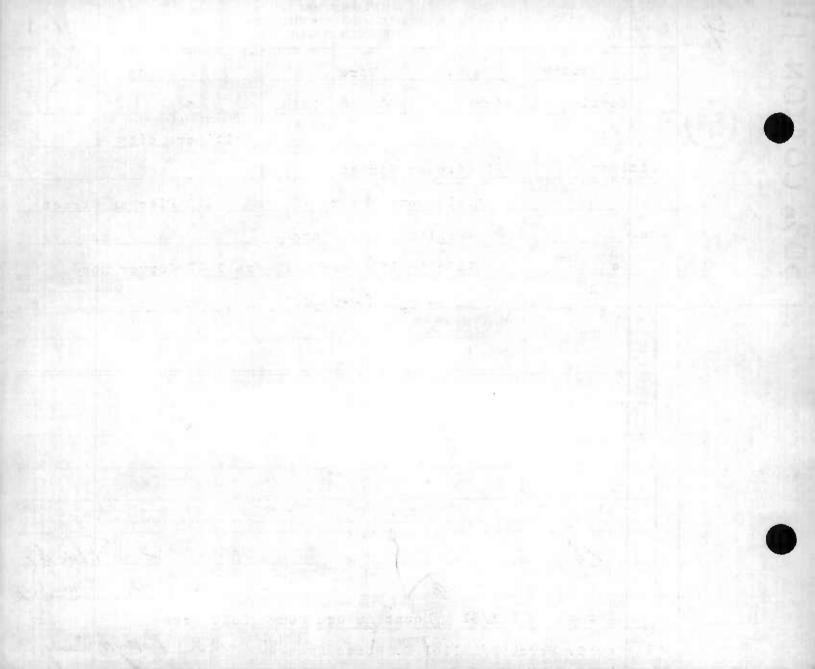


	1.	FOR - STATE REGISTRAR		DEPARTA	MENT OF HE	OF MARYLAN ALTH AND M CATE OF DE	ENTAL HYGI	REG. NO	D.	5 /	6 9
oge 3		CEASED NAME FIRST E OR PRINT) WILLIA		Henry	WA	LPER	Jr.	20. DATE OF DEATH	81	Y YEAR	26 HOUR 2 70 M
Her p	3. SE	Male	4. RACE Whi	te	5. DATE OF	E 15.1	we in	6. AGE (IN YEARS LAST BIR	YRS.	DNIHS DAYS	HOURS MIN.
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11 1/1		ITY OR TOWN OF DEATH		OSPITAL, NURSIN	IG HOME OF	OTHER INSTIT		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	F WORKING LIFE)	INDUSTRY	BUSINESS OR Marie
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ond 2 s	14. FA	William H.	Walper.	Sno LAST		15 MOTHER'S	MAIDEN NAM	Berkemeier		LAST	
Pages ?	16a V		ARMED FORCES? GIVE WAR OR DATES)	212-01-6		Mrs. A		Walper - 4			21214 Ave.
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os beer ne prior ws ony	FICAT	190 DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION	WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES,	WERE FINDING	GS USED
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ter this certificate he is the buriol-transit phond Membel Hygien rked or frem 18 show	MEDICAL CERTIFICATION	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMIN AT WORK AT WORK	HOUR A./ IER) P./ 21e. PLACE (M. MONTH DA	19	ZII LOCATION		ED (ENTER NATURE OF INJUR	YES	ET 1 OR PART 2)	NO D
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4	1.	FOR STATE	DEPARTI	MENT OF I	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8	5 7 7 1
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b d d	3 SE	Х	4 RACE	5 DATE	OF BIRTH		F UNDER I YEAR IF UNDER 24 HRS
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M)		MITTER OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIE WIDOW	DIVORCED DIVORCED	9 BALTIMORE CITY OR COUNTY Baltimore cit	
00	В	altimore	11. NAME OF HOSPITAL, NURSING THE NOT IN SUCH FACILITY, GIVE STREET 622 Pitcher	Str		12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	176 KIND OF BUSINESS OR
and See	USU. 13a. :	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE BITY 134 CITY OR TOW Baltimo	N	134 INSIDE CITY LIMITS? YES [3] NO [13e STREET ADDRESS 622 Pitch	er Street
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to buriol, cremotion, or remover injury, or other troumatic event,	NO	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO E	NCE OF	NOT RELATED TO THE TERMI	INAL DISEASE OR CONDITION GIVE	N IN PART 110"
Shows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		WERE FINDINGS USED ING CAUSES OF DEATH?
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oth the State Department of th		226 SIGNATURE 226 PHYSICIAN NAME: 17PE OF	e Prade	,	DEGREE ATTENDING PHYSICIAN 278 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	(6/30/5)
should with 1	23a P	GURIAL CREMATION, REMOVAL	23b. DATE 23c N	IAME OF C	9380 /4 /4	1238 LOCATION	Ellicore Cixy
	(SPECIFY) Burial	-1-1		Auburn Cem	Baltimore	COUNTY STATE Md
M 1/81 4)		UNERALDIRECTOR Villiam C. Ma	rch F/H 11001 1	E. No	orth Ave 250 PATE	REC'D. BY REGISTRAR 256	ARSSHATURE



DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120

STATE OF MARYLAND

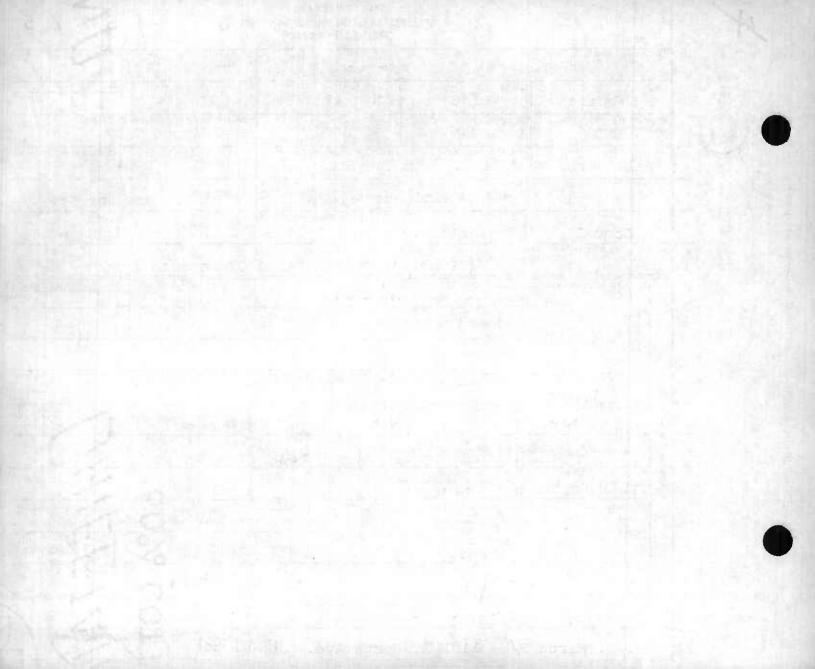
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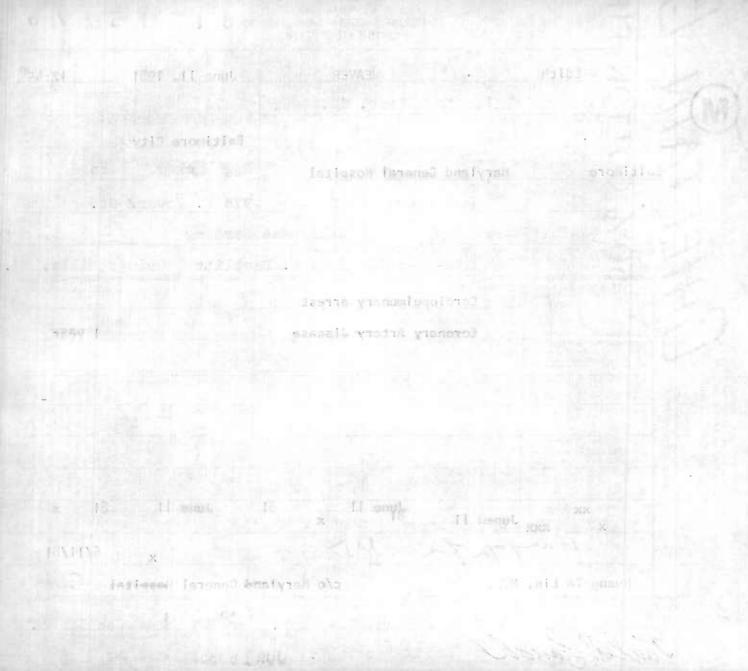
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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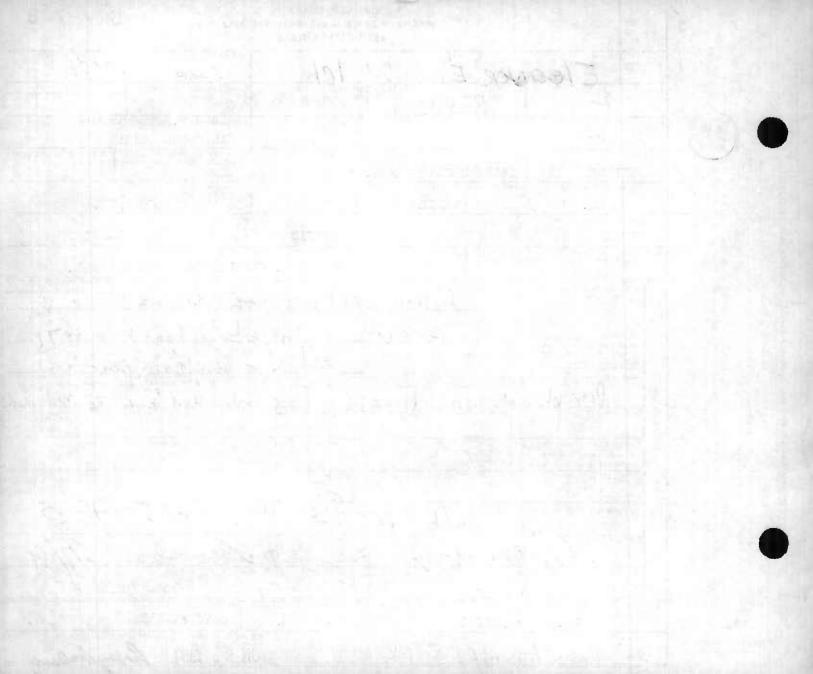
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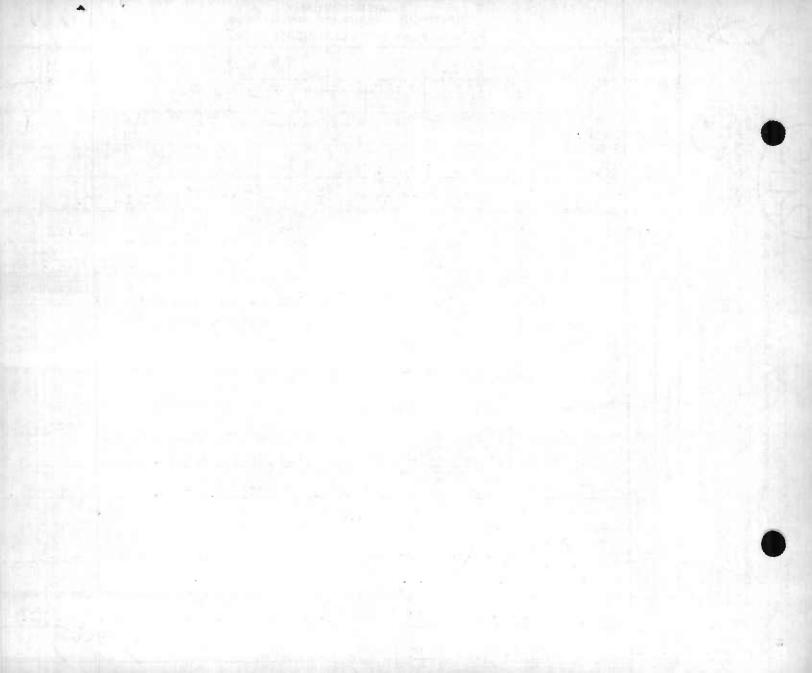




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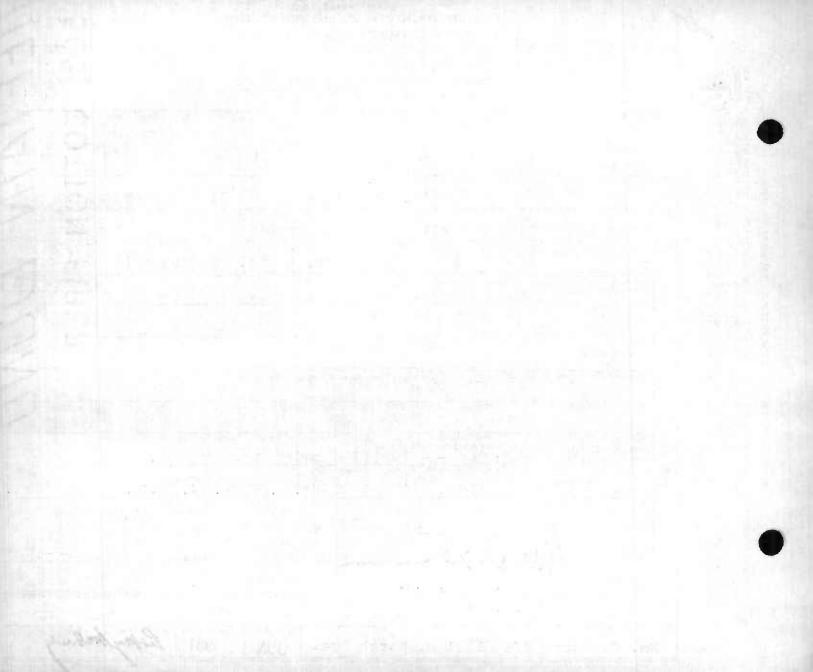


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0				5 24	YEAR (AST BIRTHDAY)	MONTHS DAYS	HOURS	MIN. PRON	DATE HOUNCED DE AD	6	29	19 81	12:1
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1	16a. W	AS DECEASED S. NO. OR UNKNOV NO	EVER IN U.S. AI	RMED FORCES? E WAR OR DATES)		SECURITY NO				ADDR			A1	РΤ.
		NO			NON	E .	MA	URICE	SMITI	4716	WAK	EFIE	ELD";	202
		18 CAUSE OF	DEATH (Enter o	nly one couse per line	for (a), (b), and Multipl							BET	PPROXIMATE WEEN ONSET	INTERVAL AND DEATH
	z	lying cous		(c)S CONTRIBUTING TO DEATH	AS A CONSEG		ISEASE OR CONOIT	TION GIVEN IN PAR	RT 1 (o).					
1	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFO	ORMED?			-	20	AUTOPSY?	
	IFIC												YES K	NO 🗆
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		UNDERLYING CONTRIBUTIN	KOR IG CAUSE OF	DEATH 9:45 P.M	xmonth da . 6−28-	- 19 81	Pedesti	rian st	ruck b	y auto				
1	MEDICAL	21d INJURY O	CCURRED	STREET FACT	OF INJURY JA	THOME, 21	LOCATION		CITY	OR TOWN		COUNTY		STATE
ŀ	2	WHILE AT WORK	AT WORK		reet	2	500 W.	Frankl	in St.	,Balto				Md.
-				rge of the remains des	cribed obove, I	held on A	utopsy 🔲,	Inspection	n . Inc	quiry ,	ond in my	opinion		
ŀ	0	death resulte	d from Not	ural causes	Accident \(\sum_{\text{X}} \)	. Suicide	, Hor	micide .	Undetermin	ed monner	<u> </u>			
T	٦	ACTUAL	MI	1 N)	X			(SPECIFY)			DAT	11	organia.	
+		SIGNATURE_	4 11	VVX	(0		_MD_As		T MEDICAL		SIG	NED_6	-29-	31
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Ī	73a BU	RIAL CREMAT	ION, REMOVAL	23b DATE	17.5 (4.54.17)	E OF CEMETE			234 LOCATI			OUNTY	57	ID .
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO 1. DECEASED NAME 20. DATE KNOWN (X) 7h HOUR (TYPE OR PRINT) ESTI-LATRELL V. WELLS 81 DEATH MATED 6 19 4 RACE MONTH YEAR SEX 5 DATE OF BIRTH AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE MONTH VEAD LAST BIRTHDAY PRONOUNCED 11 81 8 70 female 10 DEAD 6 negro YRS 19 B. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL WITH FORM PM 3. RETAIN PAGE 5 FOR WITHIN T. PAGES 1 AND 2 SHOULD BE FLIED, WITHIN DIVISION OF VITAL RECORDS, 201 W, PREST 70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED MD USA Baltimore City WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b, KIND OF BUSINESS Baltimore University Hospital USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE Baltimore T3d. INSIDE CITY LIMITS? 13b COUNTY 3925 Colborne Rd. YES X 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE Cynthia MIDDLE Wells Chambers Preston 17. INFORMANT 3925 Colborne 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO ADDRESS IYES NO OR UNKNOWN N/A Mr. & Mrs. Preston Wells No CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVA USED AS A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral trauma IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, YES X NO [EXECUTE THE CEPTIFICATE, WASHINGTON THE CIPAGE A SHOULD BE PORWARDED TO THE CIPAGE STHOULD BE AFTER DEATH WITH THE STATE DEPARTMENT BALTIMORE MARMAND, 21201 PRIOR TO BUILD 210 EXTERNAL CAUSE WAS TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR X M MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 7:22 P.M. 6-2-Pedestrian struck by auto. 1981 21e PLACE OF INJURY 21E LOCATION 214 INJURY OCCURRED STREET, FACTORY, FARM, ETC.) 2500 blk. W. Balto. St. Balto. Md. WHILE NOT WHILE street 220. I certify that I took charge of the remains described obove, held an Autopsy Accident X death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL DATE 6-3-81 MD Assistant EXAMINER'S NAME 111 Penn St. Ann M. Dixon. M.D. TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 236. DATE COUNTY Baltimore MD 6/6/81 Burial Arbutus Mem. Park 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25% **DHMH-17** 1981 TT01 E. North Ave. C. March F/H (VR A15 ME (5)) 15M 2/80

STATE OF MARYLAND



TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or item 18 shaws any injury, or other traumatic event, the medical examiner must be real

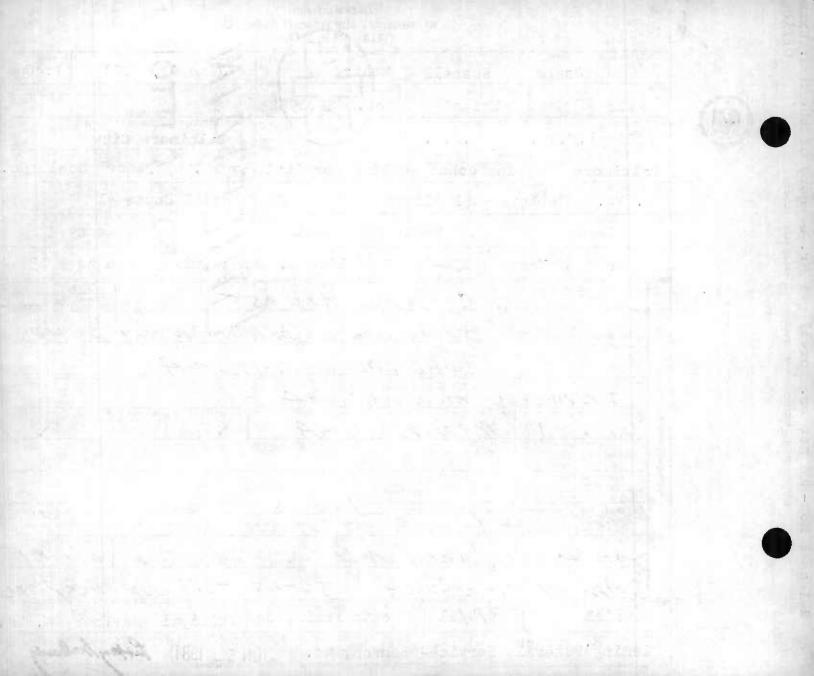
etained by the haspital or attending physician.

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1	FOR - STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	SIENE 8	1 5	1	8 i
	ECEASED NAME FIRST PE OR PRINT) Judith	MIDDLE	WEI	LAST	20 DATE OF DEATH	MONTH DAY 6 29	YEAR 81	26. HOUR 2:45PA
3. SI	Female	White		b. 18 1946	6. AGE (IN YEARS LAST BIR	THDAY) IF UN	HS DATS	IF UNDER 24 HRS HOURS MIN.
E	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Balto. Md.	76 CITIZEN OF WHAT COUNTRY? USA	MARRIE		9. BALTIMORE CITY OF BALTIMORE		DEATH	Wi
	BALTIMORE	11. NAME OF HOSPITAL, NURSII IF NOT IN SUCH FACILITY, GIVE STREET UNTON MEMORIA	AL HOS		TYPE OF WORK FOR MOST O	F WORKING LIFE)	26. KIND OI NDUSTRY	F BUSINESS OR
13a.	Md. Ca	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR NTY ITTOIL 13, CITY OR TOV WESTMIX	WN.	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	ld Mancl	heste	r Road
	Austin	H. Wade		15. MOTHER'S MAIDEN NAME BERNICE	MIDDLE	ladden	LAST	T
	WAS DECEASED EVER IN U.S. AF (YES, NO UNKNOWN) (IF YES, GI	RMED FORCES? VE WAR OR DATES) 166 SOCIAL SECTOR 213-46-3		Mr. Victor M	. Welty	Westmins	ster,	Md.
ATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT (19) DATE OF OPERATION	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO	DEATH BUT		extreteriz INAL DISEASE OR CON 1200 AUTOPSY?	ation DITION GIVEN II		
CERTIFICATION	210. ACCIDENT WAS UNDERLYING		TOPERATIO		YES NO	IN CERTIFYING	G CAUSES	OF DEATH?
MEDICAL C	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	ATH HOUR A.M. MONTH D	19	211 LOCATION STREET	CITY OR TO		COUNTY	STATE
	27a I certify that (I) (this hosp sow the deceosed alive or obove, the (we) (did) (did extends)	ital) attended the deceased from 19 Set view the body atter death.	June 31,0	nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAI	FF	22c. DATE S	
	BURIAL, CREMATION, REMOVAL	July 2,81 236	Loudo	201 E. Lui CEMETERY OR CREMATORY In Park Cemete:	T23d LOCATION	more, Ma		STATE
24 F	FUNERAL DIRECTOR Eline Funeral H	ome Reisterstow	m, Md		E REC'D. BY REGISTRAR			URE

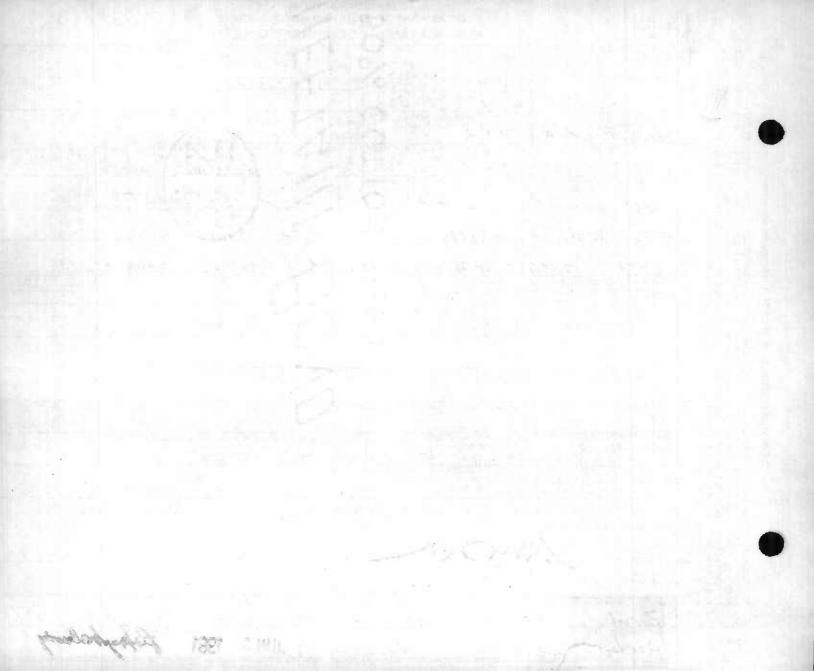
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Exam	b		FOR STATE REGISTRAR		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 1 5 / 8 2 CERTIFICATE OF DEATH REG. NO.							
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ž	тоу в	3. SEX	Oame	4 RACE	resert	5. DATE C		6 AGE (IN YEARS	•	IF UNDER 1 YEAR	IF UNDER 24 HRS	
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of t		Ph	THPLACE (STATE OR FOREIGN			8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		Baltimore City MD.				
> -		Ba	or town of DEATH	ore The Johns Ho		pkins Hospital		Equip. Operation 126 kind of Business or Equip. Operate Publishes Co.				
egor AND 2120	n 24 hound in hould be	130 W		OUNTY COUNTY	OF PHILE PORTS	pi	13d. INSIDE CITY LIMITS?	13. Posta	^{Ess} Rou	te #1		
MARYL	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within retoined by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 si with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. IMPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the medical examine	14 FAT	GTenn	WIDDLE	Went		Neda		DDLE	Henr	ÿ	
per Mr. Gregoryst., BALTIMORE, MARYLAND 2120		I6a W	AS DECEASED EVER IN U.S.	ARMED FORCES?	234-86-	0256	Ellen M. V		ife)	Same as	# 13	
eased Non-Med per Dr. Korell pe		MEDICAL CERTIFICATION	OR CONTRIBUTING CAUSE OF DEATH (IF ETHER MOTIFY MEDICAL EXAMINER) P.M. 19 216. INJURY OCCURRED WHILE AT WORK 270. I certify the Work Sow the deceased live on above (II) we deceased live on above (III) we the body after death. 270. I SIGNATORE DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 270. ADDRESS									
Rel		23a BU	SAM SENBUSCH TOHNS HOPKINS HO BURIAL CREMATION, REMOVAL 236 DATE 4/81 236 NAME OF CEMETERY OR CREMATORY Phillippi Barbou:							Barbour	W. Va.	
	DHMH - 16 50M 1/81 (VRA 15, 4)	74 FUNERAL DIRECTOR Barnes Fleming Funeral Service Benson, Md. JUN 5 1981										



	1	FOR - STATE REGISTRAR	DE	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.				
m.e		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR				
å Å		Stella	N.	Whitaker	6 3 1981				
de 4 m	3. SE	x Female	4 RACE White	5. DATE OF BIRTH MONTH DAY 1899	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HR MONTHS DATE HOURS MIN				
oth. Poor	la. B	IRTHPLACE (STATE OF FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	NTRY? 8. MARRIED NEVER MARRIED WIDOWED NOT DIVORCED	9 BALTIMORE CITY OR COUNTY OF DEATH				
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filled in nould be		ALRESIDENCE (IF NURSING HOME OF STATE Md.		EBEFORE ADMISSION) R TOWN 13d. INSIDE CITY LIMITS? TIMORE YES X NO	130 STREET ADDRESS 3900 N. Charles St.				
completely and 2 sh		John	J. Nevill		MIDDLE Winters				
rificate be execu physician and conpapers. Pages emoval.		NAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	IVE WAR OR DATES)	6-10637 Elizabeth D	ADDRESS Hook 5304 Purlington Way				
equires that the death considered by the ottending Then please remove carbonal, cremation, or to burry, or other troumation.	NC	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CON	especialed 3 a	RMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)				
in. hos beer permit. ine prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO YES NO NO				
PYSICIAN: The ding physicio is certificate burial-transit Memtal Hygie or Hem 18 should be a second by the second		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE		H DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)				
or attendir	MEDICAL	21d. INJURY OCCURRED WHILE NOT HILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f LOCATION STREET	GITY OR TOWN COUNTY STATE				
R ATTENDIN hospital or RRECTOR: At hed far use or spt. of Heolt		22a. Lecrtify that (1) (this book sow the deceased alive or obove, (1) (wa) (did) (did no 22b. SIGNATURE			on death accurred on the date and hour and from the couses stated				
0 0 0 0 0		22d. PHYSICIAN'S NAME (TYPE	rel	A MAD ATTENDING					
TO HOSPITAL (retained by the TO FUNERAL I should be deto with the Store I IMPORTANT: If		Edwin J.Bers		302 33rd S					
) BP		BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 6/5/1981	23c NAME OF CEMETERY OR CREMATORY Druid Ridge Cemeter	CITY OR TOWN COUNTY Pikesville Ballo Md.				
DHMH-16 30M 2/80 (VRA 15, 4)		uneral director itchell-Wiedef	eld Home 6500°	PRESS York Rd. 256. D.	ATE REC'D. BY REGISTRAR 756. REGISTRAR 5.				

0		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE	784
18 O.		STATE REGISTRAR	MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	1 2 2
	1. DE	CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN XX MONTH	DAY YEAR 76. HOUR
22 54 55 SE	(TYP	ALBER	OF ESTI-	2 19 81 4
PLEASE ECTOR. FILES. FILES STREET,	3. SEX		5. DATE OF BIRTH 6. AGE (IN YEARS I FUNDER 1 YR. IF UNDER 24 HRS. 2c. DATE MONTH	DAY YEAR 2d HOUR
POR SALE	n	ale white	MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN. PRONOUNCED DEAD 6	2 19 81 6p M
P SSA PAL	7a. BI	REIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 79. BALTIMORE CITY OR COUNTY	
DELAY IS NECESSARY, PLEASE 3 TO THE FUNERAL DIRECTOR. N PAGE 5 FOR YOUR FILES. OBE FILED, WITHIN 2 HOURS VOY 201 W. PRESTON STREET.		FEU VILLE ALA	U.S.A. WIDOWED DIVORCED Baltimore City	MD.
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AN HERE	1	SIGNATURE	M.D. Assistant MEDICAL EXAMINER SIGNED	6-3-81
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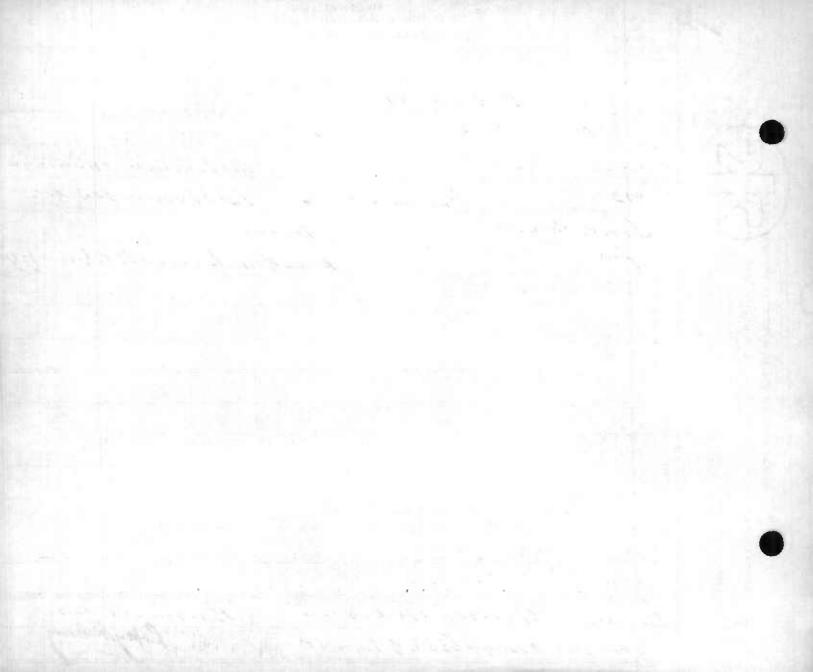
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME FIRST O DATE KNOWN (TYPE OR PRINT) ESTI-Joseph White DEATH MATED 24 1081 George 6 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY PRONOUNCED Male White 2/5/1921 6 24 108 p 60 YRS 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED FOREIGN COUNTRY Baltimore City. Maryland U.S.A. WIDOWED DIVORCED THEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PEGE BE USED AS A BUSHAL, TRANSIT PERMIT, PAGES 1 AND 2 SHOULD BE FILED.

BURIAL, CREMATION, OR REMOVAL. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Baltimore City Hospital Baltimore Shipping Clerk Steel Mfgr. USUAL RESIDENCE (IF IN NURSING ME OR OTHER INSTITUTION, GIVE RESIDENCE REFORE ADMISSIONS 30 STATE 13c. CITY OR TOWN OUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Maryland Balto. Dundalk 2021 Frames Rd. YES [NO X 21222 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST White George Margaret Lane 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IT. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS Yes, NO, OR UNKNOWN (IF YES, GIVE WAR OR DATES) WW II Navy 219.03.0113 Margaret M. White (Wife) Same as 13e CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Arteriosclerotic cardiovscular disease IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. DIVISION OF VITAL RECORDS. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE: EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDI PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDI TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A FIER REATH, WITH THE STATE DEPARTMENT OF HEALTH BALLLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREA 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? YES X NO T 21a EXTERNAL CAUSE WAS 7Th TIME OF INJURY 2Tr. HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P,M I PLACE OF INJURY (AT HOME. 21d INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR LOWN WHILE AT WORK COUNTY STATE 22a I certify that I took charge of the remains described above, held an Inspection and in my apinian death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL M Deputy ChiefMEDICAL EXAMINER 6/25/81 DATE SIGNATURE Thomas D. Smith. M.D. III Penn St. EXAMINER'S NAME Balto., MD. TYPE OR PRINT 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNTY STATE CITY OR TOWN Cremation 6/25/1981 Green Mount Crematory Baltimore Maryland BP 24. FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Walter Brooks Bradley Inc., Dundalk Md 21222 (VR A15 ME (5) 15M 2/80

M	FOR STATE REGISTRAR	DEPARTMENT OF I	HEALTH AND MENTAL	DE DEXTH	1 5 / 8 8 NO.
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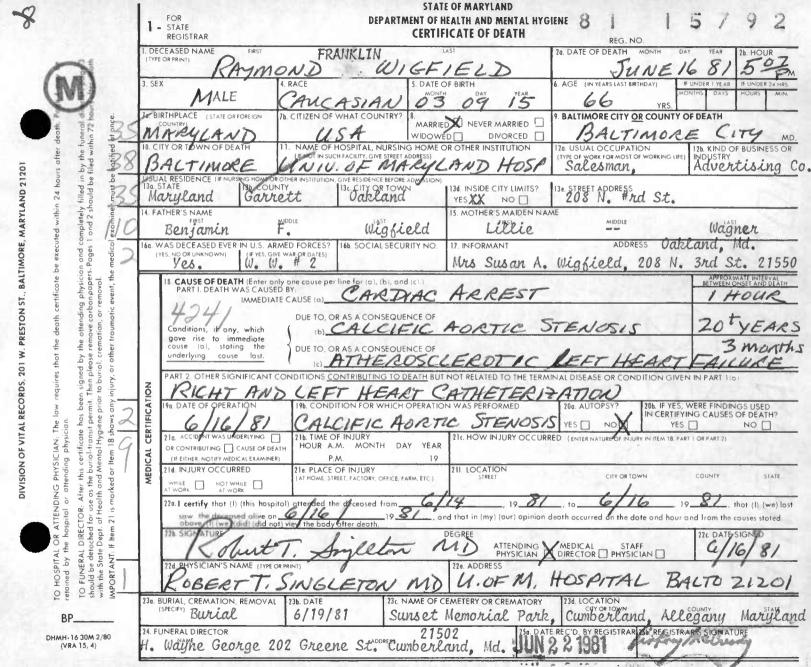
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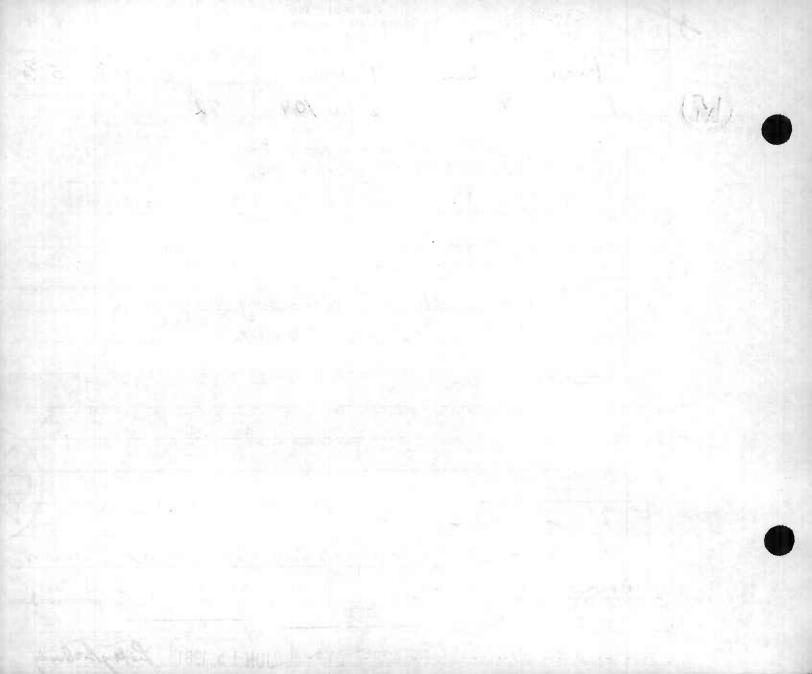
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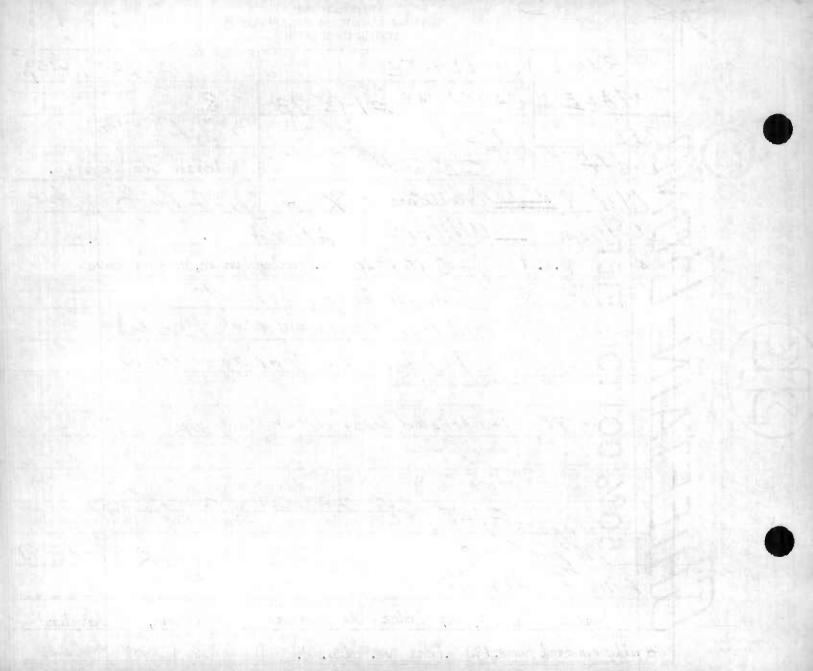
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曹	Be 04	47		trict of Colu	m. U.S	.A.	WIDOWE			TIMORE	CITY	MD.
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AE,	es l			AS DECEASED EVER IN U.S.	ARMED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		ADDRESS		
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ALT	pers.			18 CAUSE OF DEATH (Ente		er line for (a), (b), and (c).)		70.70		BETW	PROXIMATE INTERVAL VEEN ONSET AND DEATH
-	phy n po mov			PART I. DEATH WAS CAL	JSED BY: NATE CAUSE (a)_	(achores	sustry lin	est			5 minutes
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he d	emo mot			gove rise to immediate cause (a), stating the		OR AS A CONS	EQUENCE OF	er valà				
¥ jot	by the second of			underlying cause last.	(6)	OK AS A CONS	E GOETTEE OF					
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DIVISION OF VITAL RECORDS, 201 W.	mit.		CERTIFICATION	190 DATE OF OPERATION	19b. CON	DITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20a AU		CERTIFYING CAL	
l RE	te hos nsit per		T						YES A		YES	NO DE
AT 1	icote ronsit Hygi		CER	21a. ACCIDENT WAS UNDERLYING		OF INJURY A.M. MONTH	DAY YEAR	21c. HOW INJURY OF	CCURRED (ENTER	NATURE OF INJURY IN	TEM 18 PART I OR PAR	T 2)
OF CIAN	certifico	4		OR CONTRIBUTING CAUSE OF	DEATH	P.M.	19					
Z O IX	ding buri	5	MEDICAL	21d. INJURY OCCURRED	21e PLAC	E OF INJURY		211. LOCATION STREET		CITY OR TOWN	COUNT	Y STATE
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2 2	or of Afr	ou.		220.1 certify that (I) (this he	ospitol) attended	the deceased fr	om (a)	2.0 19_	# /to	6/3	27- 19 8	, that (I) (we) last
TEN	TOR OF U	\$1.7		saw the deceased alive	an 6	122		nd that in (my) (aur) ap	inion death occur	red on the dote o	nd hour and from	the couses stated
A A	REC sept.	8		above, (I) (we) (did) (did 22b. SIGNATURE	nar view rhe bot	ay after death.		DEGREE			22¢. D	ATE SIGNED
0	the L Dit	=		Exite	ine El	len	U	ATTENDI	NG MEDICA	R PHYSICIAN	Ri I	6/22/81
ATIO	NERA NERA be de	Z	1	22d. PHYSICIAN'S NAME (T	PE OF PRINT)			22e ADDRESS	AN DIRECTO	K 🛅 TTTTOTE IAIT	4	
So	etoined by the TO FUNERAL should be det with the State	MPOKIAN		ANTHO	81 4	ELIAS		JOHA	S HOTRI	NE HOS	PITAL	
0	0 - 0 -	<u> </u>	220	BURIAL, CREMATION, REMO	6-1		73r NAME OF C	EMETERY OR CREMAT		CATION		
	DD.		230.	(SPECIFY) CREMATION	6/23/	/1981		OUNT CREMAT		BALTIMORE	COUNTY	MARYLAND
	BP	-		UNERAL DIRECTOR	0/23/	1001	OTCHIN IN			REGISTRAR 25b.		
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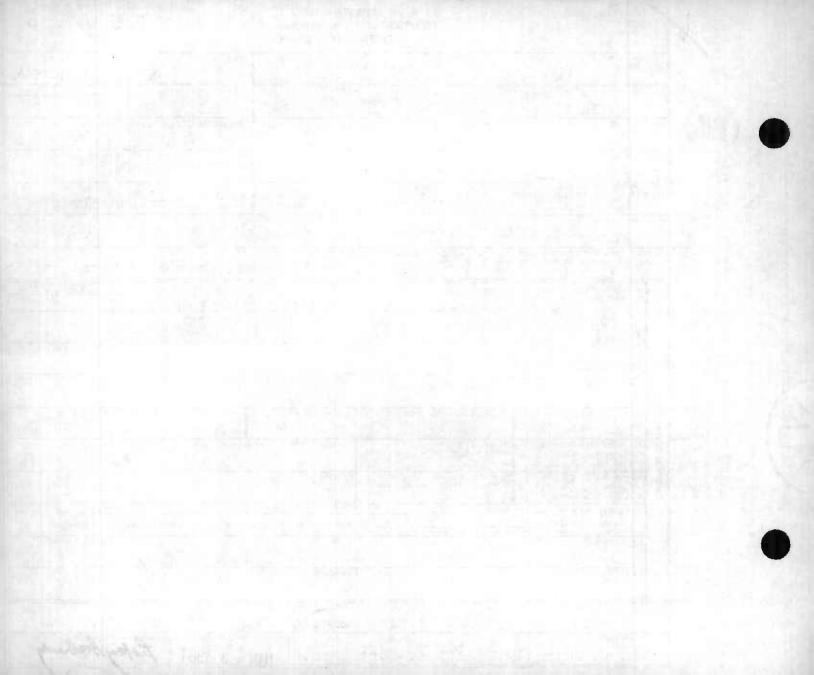
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0~	14. FA	THER'S NAME					15. MOTHER'S MAIDEN	VAME					
and 1830		William		H.	Rexer		Louise	WIDDLE		Seife	rt		
0 8		AS DECEASED EVER	IN U.S. AR/	MED FORCES?	16b SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRE	SS	SETIE	10		
icion and opers. Pages of the medical		ES NO OR UNKNOWN)		WAR OR DATES)	164-10-	-0970	Mrs. Vera	C. Wiley same	as 13				
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olth ond morked		22a 1 certify that (I)		ol) ottended t	he deceased from		5 20 10	Y)10	U18 19	51.	that (I) (we)		
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thed for them 2		obove, (I) (we) (22b. SIGNAJURE	did) (did not) view the bod	y ofter death.		DEGREE			22c. DATE S	IGNED		
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should be det with the Stote													
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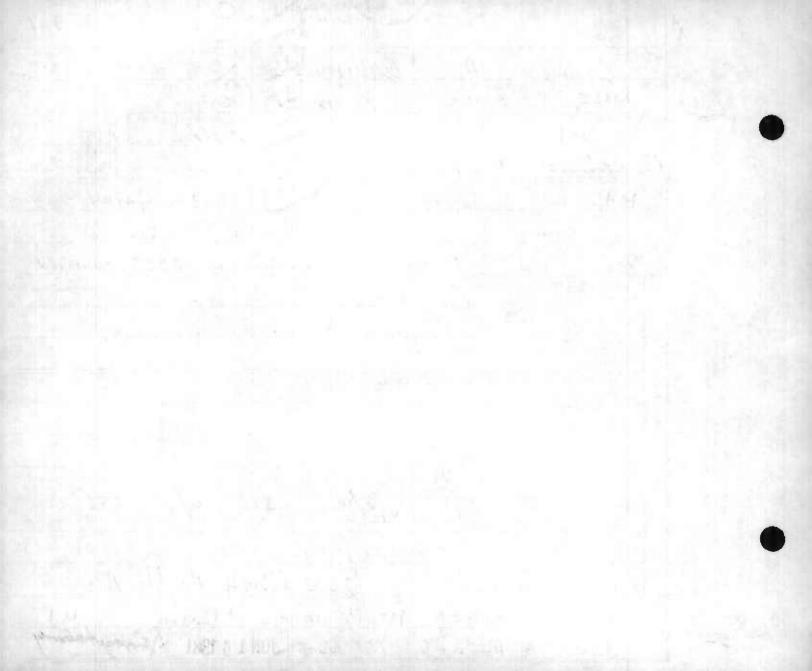




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William .		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTRY?	MARRIE	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
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39	It	altimore	Provi	dent Ho	spit	al	120 USUAL OCCUPAT			OF BUSINESS OR
33	USU 130	AL RESIDENCE (IF NURSING HOME O STATE 136 COU	OR OTHER INSTITUTION O	Baltimo	re	13d. INSIDE CITY LIMITS?	13e SIREELADDRESS 3106 GE	rrisc	n Blv	d.
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outial, cremanian, or re ry, or other traumatic		Conditions, if any, which gave rise to immediate cause 100, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b)	AS A CONSEQUE AVITORO CO AS A CONSEQUE	NGE OF		hal inforce		N IN PART 1	01
it permit. The	CERTIFICATION	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH (OPERATIO:	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDIN	NGS USED OF DEATH?
ental Hygiental Hygien 18 sh		21a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M	MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PAI	RT FOR PART 2)	
h and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE O (AT HOME, STRE	F INJURY ET, FACTORY, OFFICE, FA	RM, ETC.)	21f. LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
of Healt		22a. I certify that (I) (this hosp sow the deceased alive or above, (I) (we) (did) (did no	6/1	19	5/.	d that in (my) (our) opinion	death accurred on the c	ote ond hour		that (I) (we) last causes stated
detached tate Dept. VT: If Item		22b. SIGNATURE	2// 1	The deom.		DEGREE ATTENDING PHYSICIAN [MEDICAL STA		22c. DATE	SIGNED
should be de with the Stati		226 PHYSICHAN'S NAME (TYPE O	OR PRINT)	Davis	5	220 APDRESS	time	Hos	pita	
; 3 <u>≤</u>	23a	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	23b. DATE 6/15/			METERY OR CREMATORY Memorial Pk	23d LOCATION CITY OR TOWN Baltir	nore	CO.	MD
M 1/76	24 F	UNERAL DIRECTOR		-			E REC'D. BY REGISTRAF		AR'S SIGNAT	LIRE
4))		Wm C March	ਓ/ਧ 1	101 E	Mort	h 7370	1 1 - 1001	Link	May /KC	heady



DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🔀 - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. MIDDLE 26. DATE OF DEATH DECEASED NAME 2b HOUR (TYPE OR PRINT) TARIES 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX DAYS MIN. MALE Black 21 18 YRS BALTIMORE CITY OR COUNTY OF DEATH ISTATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Alta WIDOWED DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY GIVE STREET ADDRESS (TYPE OF WORK FOR MOST OF WORKING LIFE) CONSTRUCTION ForemAN rovident DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13b. COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE ebecca UNK urwel ADDRESS Mr. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES NO OR UNKNOWN) [(IF YES, GIVE WAR OR DATES) ed 220-14-5814 harles Williams. 2537 Edmondson WW 05 CAUSE OF DEATH (Enter only one cause per ling for (a), (b) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE A-CONSEQUENCE OF dugemin offe Conditions, if any, which gave rise to immediate cause (o), stating DUE TO, OR AS A CONSPOUENCE OF underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 2 prior 190. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? be NOF YES T NO F and Mental Hygie 21b. TIME OF INJURY 214 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) 210 ACCIDENT WAS UNDERLYING 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH? MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) 19 21f LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY 0 CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STATE NOT WHILE AT WORK AT WORK 6 certify that (1) (this hospital) attended the deceased from that (I) (we) lost 3 and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on above, (1) (we) (did) (did not) view the body after death DIRE 22h. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL PHYSICIAN DIRECTOR PHYSICIAN'L ld be de the Stot MPORTANT PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS # 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY COUNTY (SPECIFY) BP MIA 25a. DATE REC'D. BY REGISTRAR 254 REPORTRAR'S SIG 24 FUNERAL DIRECTOR DHMH - 16 60M 1/75 NAAAF (VRA 15(4)) lauren anes 101-161



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be 3		CEASED NAME FIRST OR PRINT!	AMIDOLE	WILLIAM	15.	26. DATE OF DEATH	6/8/ YEAR	26 HOUR 2.25/
ge 4 may	3. SE	×	4. RACE	5. DATE OF E	IRTH OAY 20 32	6. AGE IN YEARS LAST	MONTHS DAYS	HOURS M
in 72 hou	1	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8. MARRIED [WIDOWED [NEVER MARRIED X	9. BALTIMORE CITY O	Ā.	
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completely ond 2 s	u	ATHER'S NAME FIRST INTOMS	MIDDLE JAME	S	MOTHER'S MAIDEN N	WIDDLE	Butler	AST
ond o	(VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? (FE WAR OR DATES) 220	11 SECURITY NO. 17 28 6772	Mary Scot	et Baltimo		Drive
ertificate b g physicial an papers. remaval. event, the		18. CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	nly ane cause per line far (c ED BY: TE CAUSE (a)	relia-pull	undy a	west	BETWEEN	XIMATE INTERVAL NONSET AND DEA
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equires in signed Then pli r ta buri injury, o	NO	PART 2 OTHER SIGNIFICANT	conditions <u>contribu</u> t	TING TO DEATH BUT NO	OT RELATED TO THE TER	MINAL DISEASE OR CONI	DITION GIVEN IN PART 1	(a)
The law re recian. The has been stip permit. Stip giene prior	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	R WHICH OPERATION V	VAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
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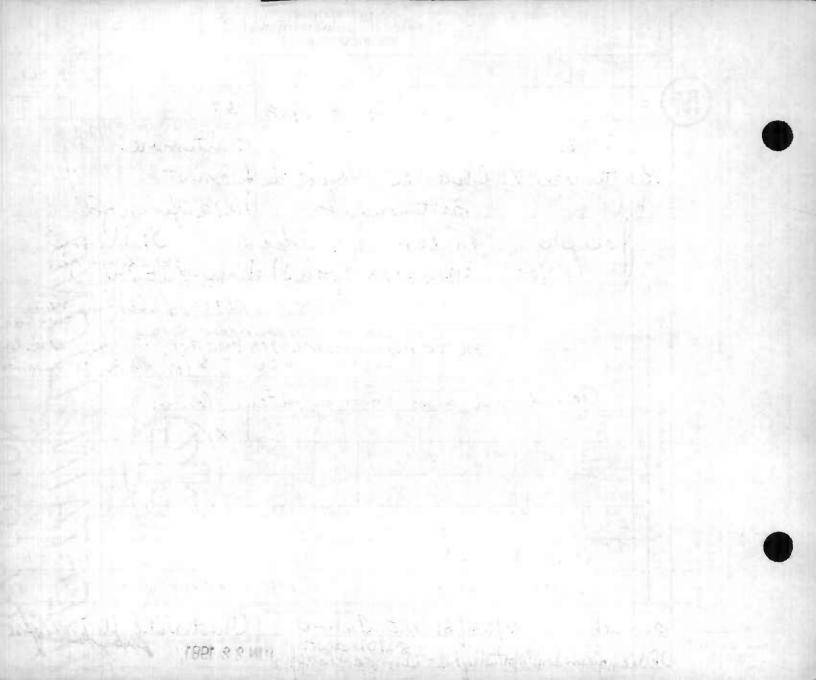
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STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



DIVISION OF VITAL RECORDS,

STATE OF MARYLAND

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Harry H Witzke 4112 Columy 12 SRD Ellicott Cty

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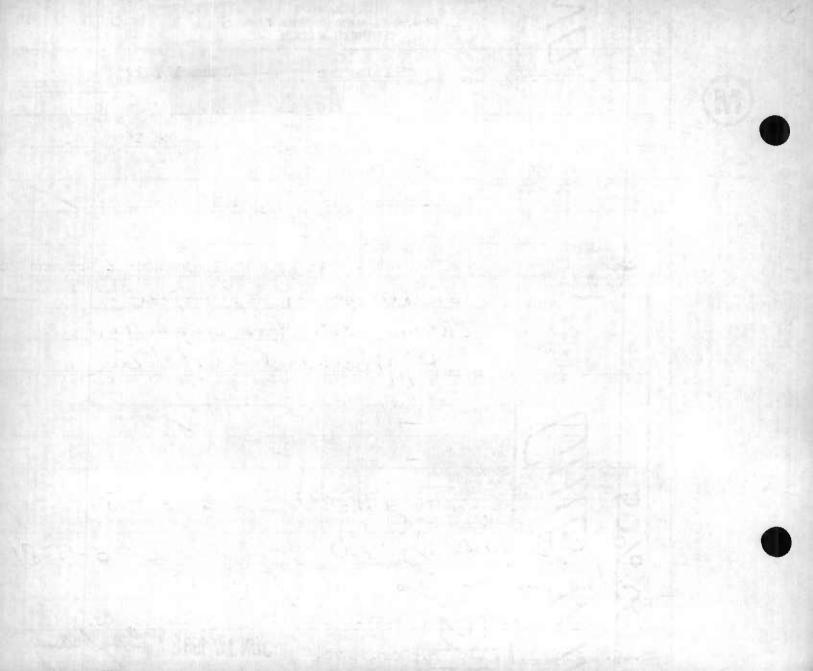
STATE OF MARYLAND

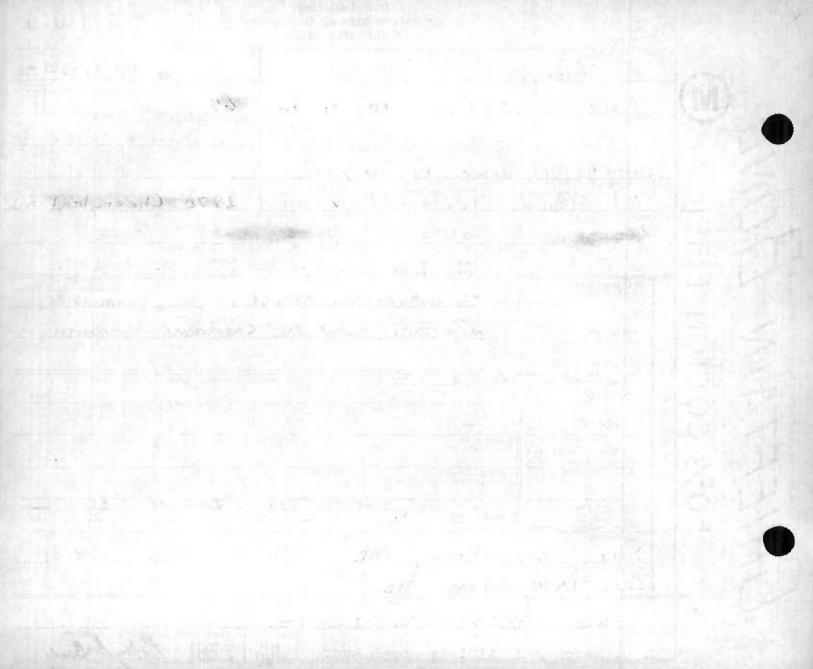
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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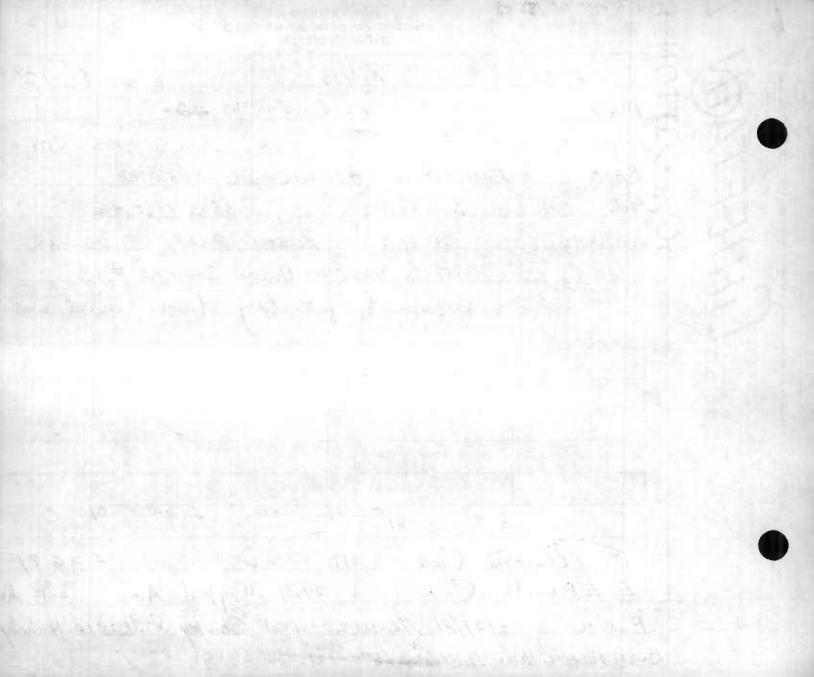
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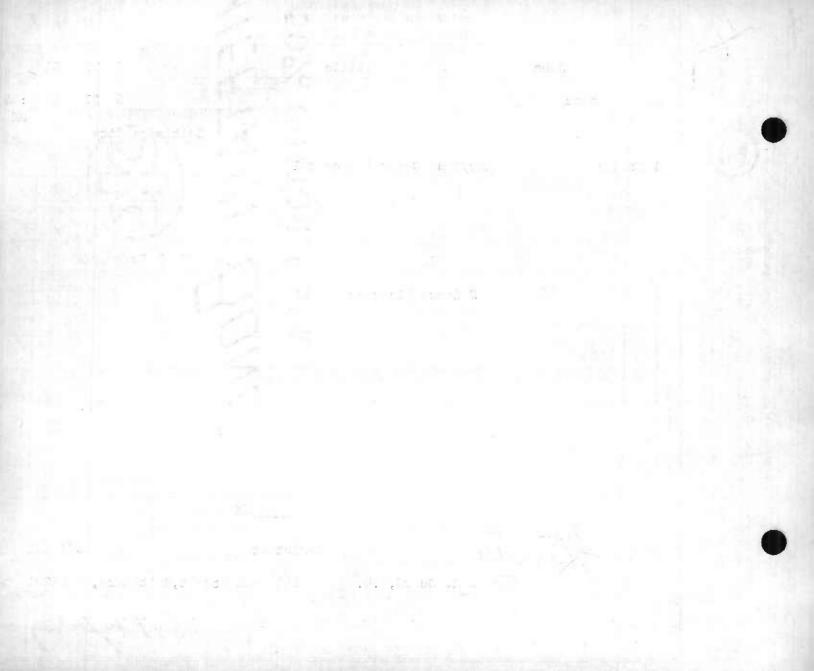




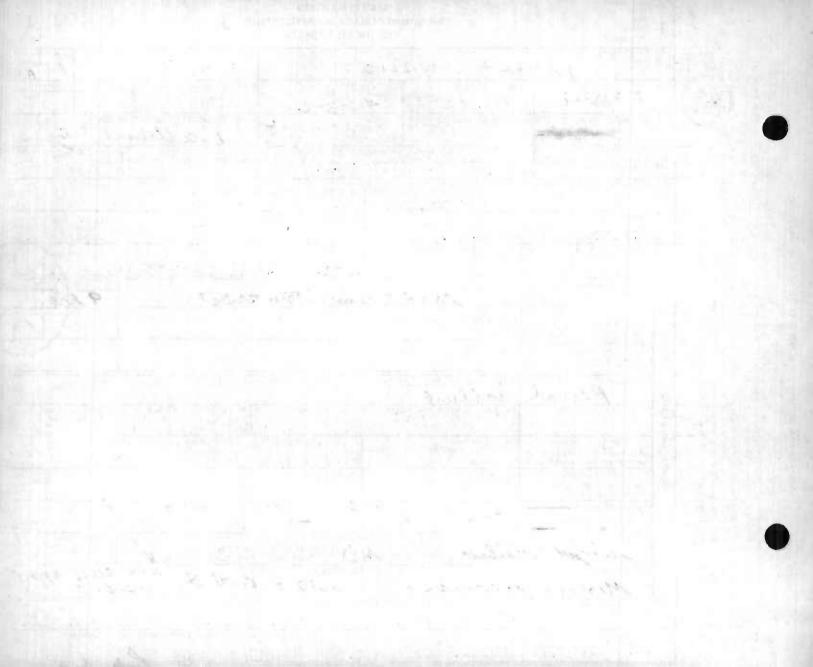
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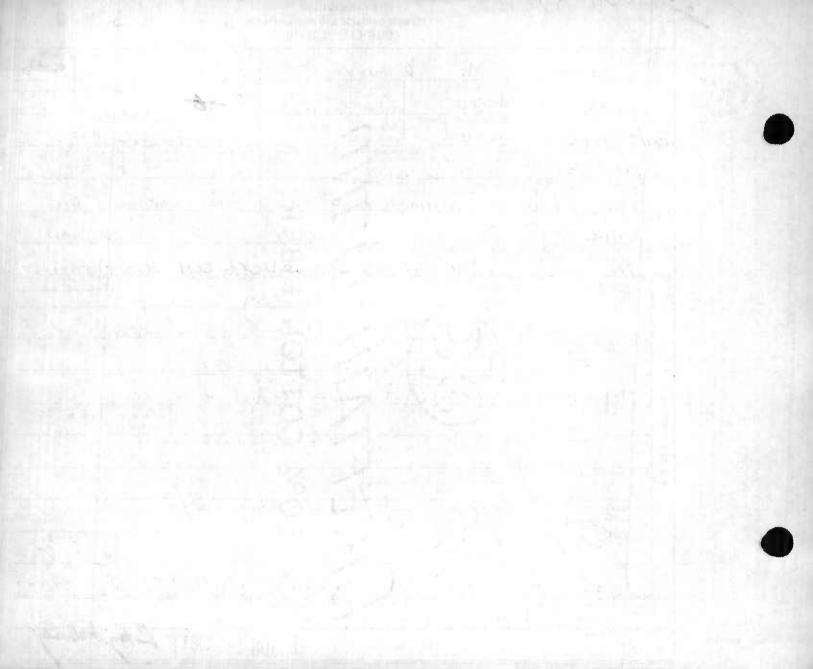


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tely 2 sh	I4 FA	THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN NA	1603 Crayo	combe Ave.	
be one Sin		K/W Elijah	Smith	Susan		Hunt	
ond c		/AS DECEASED EVER IN U.S. ARA ES, NO OR UNKNOWN) JIF YES, GIVE	MED FORCES? 166 SOCIAL SECURITY NO 218-01-234	17. INFORMANT	ADDRE	003 GLAY	comb Balt
that the death certificate d by the attending physici ease remove carbon papel of, cremation, or removal. or other traumotic event, th		Conditions, if any, which gove rise to immediate couse (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF	(congst	Tuchout	Falus)	
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 20. DATE KNOWNXT (TYPE OR PRINT) ESTI-S NECESSARY, PLEASE EFUNERAL DIRECTOR. OUR FILES. 72 HOURS Frederick Wilson 10 81 6 DEATH MATED 4. RACE 3 SEX DAY DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE nonth 12 53 YRS. PRONOUNCED male white 1.81 5:5QA 7b CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED MEVER MARRIED FOREIGN COUNTRY) U.S.A. Baltimore City WIDOWED DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)
University Hospital Ironworker OR INDUSTRY Baltimore Steel 2, AND 3 TO 1 3. RETAIN PA SHOULD BI USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Maryland Baltimore 134 INSIDE CITY LIMITS? 527 S. Curley Street YES X FORM PM 3 SES 1 AND 2 S ON QFVITA 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE James Wilson Male Conners 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Mrs. Dolores Wilson, 527 16b. SOCIAL SECURITY NO. S. Curley Street YES, NO, OR UNKNOWN) 234-42-7508 Baltimore, Md. JAL-TRANSIT PERMIT. P. MENTAL HYGIENE, DIN. OR REMOVAL. CAUSE OF DEATH (Enter only ane couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Cranio-cerebral injury DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? BURIAL YES X NO [3 SHOULD BE DEPARTMENT 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) PRIOR TO HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 2:00 PPM 4/9/81 struck by falling block 21e PLACE OF INJURY (AT HOME 71f LOCATION 21d INJURY OCCURRED PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SH AFTER DEATH, WITH THE STATE DEP BALLIMORE, MARYGAND, 21201 PRI WHILE NOT WHILE AT WORK construction site BethlehamSteelPlant, SparrowsPt.BaltoCo., MD CAND. 220 I certify that I took charge of the remains described above, held an Undetermined monner death resulted from: Suicide Hamicide TITLE (SPECIFY) ACTUAL 6/30/81 Assistant MEDICAL EXAMINER SIGNATURE SIGNED EXAMINER'S NAME Hormez R. Guard, M.D. ADDRESS 111 Penn Street Balto MD 21201 (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY Baltimore Burial Baltimore Oak Lawn Cemetery 7-3-81 BP Nicholas T. Matthews, 256 PAGISTRAR SALEMANIA 3021 Eastern Avenue Baltimore, Md. **DHMH-17** VR A15 ME (5) 15M 2/80

At the contraction and contraction



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG NO 20. DATE OF DEATH MONTH 2b HOUR June 27, 1981 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR BALTIMORE CITY OR COUNTY OF DEATH Baltimore City 12h KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING HEE INDUSTRY Taker armer LAST Avenue. Md. Two Weeks Two Weeks

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

206. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH? NOF 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

COUNTY STATE

Ma.

and that in (36) (aur) apinion death occurred on the date and hour and fram the causes stated

22r. DATE SIGNED 6/27/81 PHYSICIAN DIRECTOR PHYSICIAN

c/o Maryland General Hospital

St. Mary's

24 FUNERAL DIRECTOR

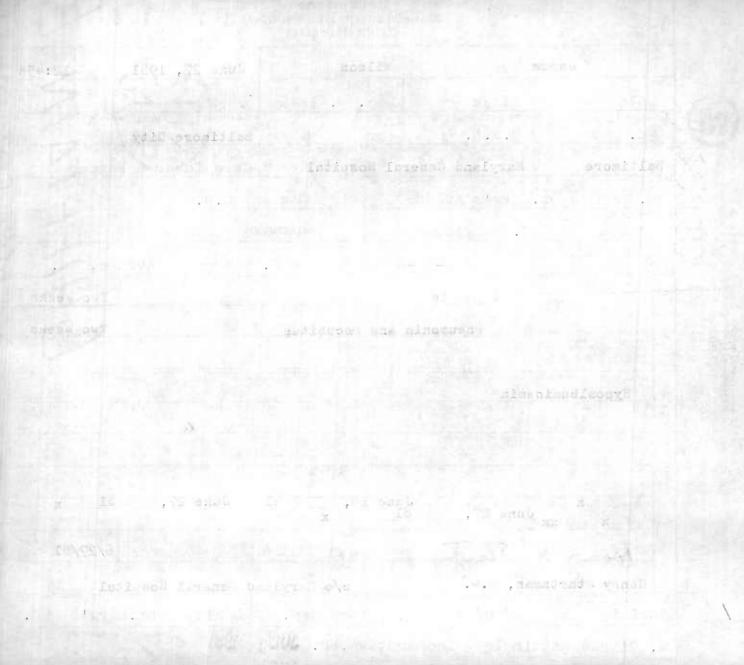
Clarke Mattingley Leonardtown, Md.

DHMH - 16 50M 1/81

(VRA 15, 4)

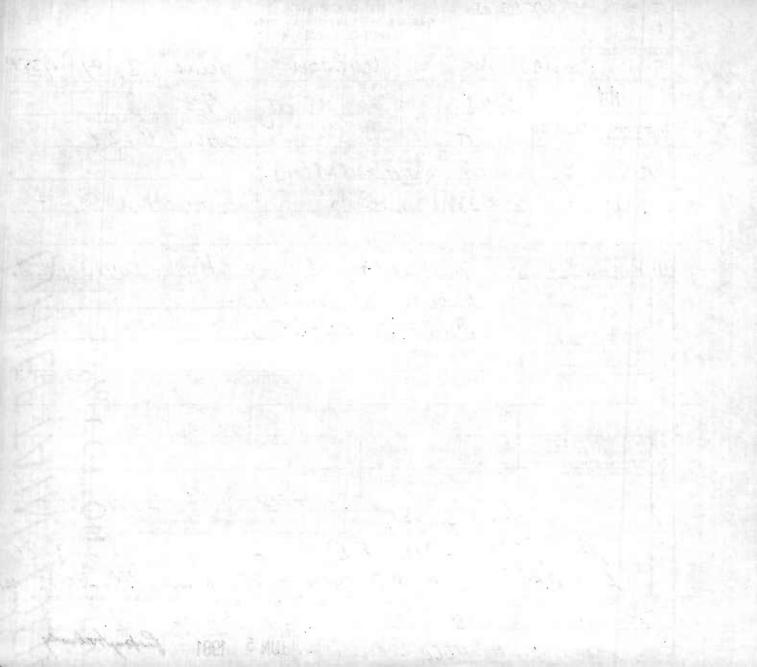
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REGISTRAR



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e	(TYPI	CEASED NAME FIRST OR PRINT)		Wilson	pune, 3	DAY YEAR 26 HOUR 50 M
A 90 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A 4 A	3 SE	M	Black	5. DATE OF BIRTH	/3 YRS.	MONTHS DAYS HOURS MIN.
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YLAND 2 ithin 24 hately filled 2 should b	130	THER'S NAME	13c. CITY OR TOWN		130. STREET ADDRESS. 12540 McHen	ryStreet
MAR make w ted w ond ond		FIRST MID	DLE LAST	FIRST	WIDDLE	LAST
IIMORE be exect on and c	1.0	VAS DECEASED EVER IN U.S. ARME VES NO OR UNKNOWN) (IF YES, GIVE W		17 NO. 17 INFORMANT	lescont Center-1:	217 W. Farethest
DS, 301 W. PRESTON ST., BALL quires that the death certificate signed by the attending physici hen please remove carbon paper to burial, cremation, ar remaval. ijury, or ather traumatic event, the	No	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUEN	dial Infarcti	NAL DISEASE OR CONDITION GIV	BETWEEN ONSET AND DEATH
L RECOR	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S \(\bigcap \) NO \(\bigcap \)
ON OF VITAL IYSICIAN. The ding physicio is certificate the burial-transit Mental Hygie or frem 18 sha		210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY P.M.	YEAR 19	ED (ENTER NATURE OF INJURY IN ITEM 18, P.	ART 1 OR PART 2)
DIVISION OF PHARMA OF THE THING	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF IN JURY (AT HOME, STREET, FACTORY, OFFICE, FAI	1 2 70	CITY OR TOWN	COUNTY STATE
ATTEND aspital a action of for use of the of		220.1 certify that (I) (this haspital sow the deceased alive an above, (I) (we) (did) (did not	attended the deceated from 19	1	eath accurred on the date and how	
AL OR the house to DRE the Depter		22b. SIGNATURE	touten		MEDICAL STAFF DIRECTOR PHYSICIAN	6-3-87
10 HOSPITAL 10 HOSPITAL 10 FUNERAL 10 FUNERAL 10 With the Store IMPORTANT:		22d. PHYSICAN STAME	TRALER,1	1D. 3459 St. Je	chin Lane, El	PhicoHCity, Ma
2004	(Burial	236. DATE 236. N	ME OF CEMETERY OF CREMATORY	23d LOCATION Balto, M	COUNTY STATE
DHMH - 16 60M 7/73 (VR A 15 (4))	2	inegal director	utt, 46002	iberty Heyden	5C'D. BY REGISTRAR 256, REGIST	THE PARTY

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- STATE

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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LANGE OF STREET

WATTERS INTRACTOR NOTICE

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10	1.	FOR STATE	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8	1581	1
4 be		REGISTRAR CEASED NAME FIRST OR PRINT!	WIDDLE	Wilzack	REG. NO. 20 DATE OF DEATH MONTH	21 81 121264	
(M)	3 SE.	Male RTMPLACE ISTATE OR FOREIGN	A RACE White A CITIZEN OF WHAT COUNTRY	DATE OF BIRTH MONTH DAY YEAR 10	AGE (IN YEARS LAST BIRTHDAY) P. BALTIMORE CITY OR CO	P UNDER LYEAR OF UNDER 24 HI MONTHS DAYS HOURE MP	_
afte unither withing the food and the food a	9	Mass.	U.S. a.	MARRIED M NEVER MARRIED WIDOWED DIVORCED DIVORCED NO. HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	22 ATTAIND OF AUSINESS O	MD.
24 hours	050 13a	ALTENIOLE AL RESIDENCE (# NURSING HOME OF	POTMEN INSTITUTION, GIVE RESIDENCE BEFO	ity HOSD	13a. STREET ADDRESS	thousand the same of the same	_
completely fill and 2 should edge edge edge edge edge edge edge ed		Unkn	MODE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	Wilson	ak
ian and co	16e: V	VAS DECEASED EVER IN U.S. AR ES INDER UNKNOWN) (IF YES, GIVE	E WAR OR DATES) 186 SOCIAL SEC 2/3-10	4155 Wargaret	Wilzack.	3017 Later	2
aw requires that the death certificate be executed within 24 hour een signed by the attending physician and completely filled in by Then please remove carbon papers. Pages 1 and 2 should be filed or to burial, cremation, or removal. any injury, or other traumatic event, the medical examiner must	NO	PART I. DEATH WAS CAUSE IMMEDIAT Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEOL	ence of le myscerdial	inforction	IN GIVEN IN PART 1(0)	_
AN: The law an. Cate has been it permit. The law yegene prior 18 shows an	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\) NO \(\)	
PHYSICIA ng physicia this certifia urial-trans Mental H d or Item	MEDICAL CE	216 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (# EITHER, NOTHY MEDICAL EXAMINER) 214 NUJURY OCCURRED WHILE NOTWHILE AT WORK	HOUR A.M. MONTH	19 2H LOCATION	RED (ENTER NATURE OF INJURY IN IT	EM 18, PART 1 OR PART 2) COUNTY STATE	
CH ATTEN hospital or a DIRECTOR hed for use a Dept. of Hea		220 I certify that (1) (this haspi saw the deceased alive an abave (1) (we) (did) (did no 228. SIGNATURE	- Russ R	DEGREE ATTENDING PHYSICIAN [death occurred on the date or MEDICAL STAFF DIRECTOR PHYSICIAN	nd hour and from the couses stated ITE DATE SIGNED	ost
TO HOSPITAL TO HOSPITAL TO FUNERAL should be deae with the State C	230	224. PHYSICIAN'S NAME (TYPEO SUSAN JURIAL, CREMATION REMOVAL SECURIO	Riggs Rus	BULL BULL ADDRESS BULL BULL BULL BULL BULL BULL BULL BU	Ou City to	togilal	-
DHMH-16 25M (VRA 15, 4) 1/79	74 F	INFRALDIRECTOR SHAPE Jman 3218	Suesan H. JU	N 2 5 1981	SISTRAR'S SISNATURE		

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DHMH - 16 50M 1/81 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIL CERTIFICATE OF DEATH	ENE 8	Í		5	8		8	
		REG. N	10.					
LAST	20 DATE OF	DEATH	MONTH	DAY	VE AD	25 1101	I D	۰

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	REGISTRAR		REG. NO.									
	DECEASED NAME FIRST	WIDDLE	LAST . 20. DATE OF DEATH MONTH					2b HOUR				
7	Ethe	1	Winchester June				1981	11:47 M				
3	I. SEX	1. RACE	5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	HE UNDER 1 YEAR					
	females	way.	12	5°- 0'1	79	YRS.	MOTOR DATE	, ,,,,,				
17	a BIRTHPLACE (STATE OR FOREIG)	76 CITIZEN OF WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY	_						
05	LOSTON CO	- 2/3-9	WIDOWE		Baltime	re Ci	ty	MD.				
10	Baltimore, MD	11. NAME OF HOSPITAL, NURS (IENOT IN SUCH FACILITY, GIVE STRI Maryland Gen		ROTHER INSTITUTION Fospital .	120 USUAL OCCUPAT	ION OF WORKING LI		OF BUSINESS OR				
- 1	ASUAL RESIDENCE HENURSING HOME OF			- O D P Z U G Z			70.7					
5	ISO STATE D	NTY 13 2 TY OR TO		136 INSIDE CITY LIMITS?	136 STREET ADDRESS	p16.	ron,	5+				
	ANDY Glo.	NURTURE LAST		15 MOTHER'S MAIDEN NAM	ME		LA	AST				
1	60 WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES)	C	17 INEORMANT	ADDR			· loran				
	No	220.07.7	891	Jamost a	1004601-	/	IUNF	57				
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly one cause per line fai (a), (b),	and (c)				APPRO: BETWEEN	NIMATE INTERVAL				
		TE CAUSE (a) Sepsis					2 " 2					
	7070		UENCE OF				0.000	3.110				
	Canditions, if any, which (b) Decubiti - infected											
	gave rise to immediate	10)										
	cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF									
		((c)										
	Anemia, Pneu	conditions <u>contributing to</u> monia, Arteric	o DEATH BUT	NOT RELATED TO THE TERM TIC Cardiova	NAL DISEASE OR CON	DITION GIV	EN IN PART I	(a·				
	190. DATE OF OPERATION	196. CONDITION FOR WHIC	CH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES	Db. IF YES, WERE FINDINGS USED					
2	21a. ACCIDENT WAS UNDERLYING				YES NOT	IN CERTIF	FYING CAUSE:	S OF DEATH?				
	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR				NO []				
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1	(IF EITHER NOTIFY MEDICAL EXAMINER		19	244 - 2 2 4 7 1 2 4 1								
	III	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE	E FARM ETC)	21f LOCATION	CITY OR TO)WN	COUNTY	STATE				
	WHILE NOT WHILE AT WORK											
		270 certify that X (this hospital) attended the deceased from June 16 19 81 to June 17 19 81 , that X (we) last										
	saw the deceased alive an abave, (I) (we) (did) (did) (did)	June 1/ It) view the bady after death.	, an	d that in (n) (aur) apinion o	death accurred an the d	ate and hou	er and fram the	e couses stated				
	276. SIGNATURE	()	(DEGREE			22c DAJA	E SIGNED .				
	Juen dol	me Wigan	d, MY	ATTENDING PHYSICIAN	MEDICAL STA	FF X	6/1	17/81				
	220. PHYSICIAN'S NAME (TYPE			22e ADDRESS				/				
1	Lwendolyn Wi			C/O Marylar	nd General	Hosp	ital	/				
2	30 BURY, CREMATION, REMOVAL		MAT A	EMETERY OR CREMATORY	23d LOCATION	· mi	COUNTY	2 3 BATE				
2	FUNERAL DIRECTOR	111 11	1	/ 25a. DATI	E REC'D. BY REGISTRAR	25b. REG	RAR'S SIGNA	TOPE				
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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haure after death. Plage retained by the haspital or oftending physician.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely falled in by the frames. Should be detached for use as the burial-transit permit. Then please remove carbon paper. Target, land 2 that the burial best and a line of the contract of the burial best and a line of the burial b
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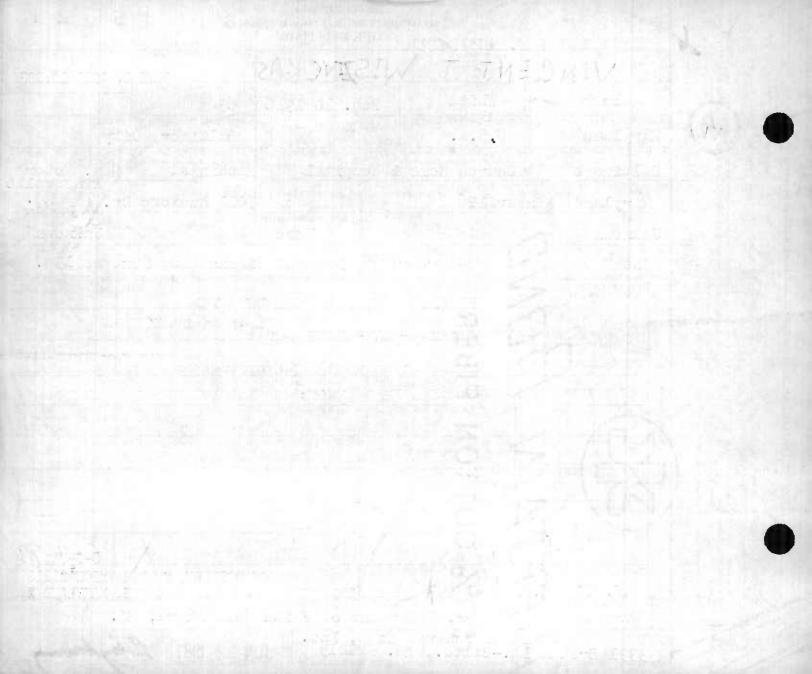
		FOR STATE REGISTRAR			MENT OF	E OF MARYLAND HEALTH AND MENTAL HYO FICATE OF DEATH	REG. NO.	5 8	19
		CEASED NAME FIRST Cha	rles	MIDDLE	Win	dbush	June 25, 1981	DAY YEAR	3:25A
6	3. SE	Male	4 RACE Blace	:k	5 DATE O		6 AGE (IN YEARS LAST BIRTHDAY) 96 Years YRS.	MONTHS DATS	IF UNDER 24 HRS
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1/8	Ba	TY OR TOWN OF DEATH	Maryta	nd Genera	1 Hos	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING UNKNOWN		OF BUSINESS OR
35	Ma	TATE 136 CC	OR OTHER INSTITUTION DUNTY	Baltimo	re admission) VN re	13d INSIDE CITY LIMITS? YES 💢 NO 🗌	Greater Pennsylva		
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e medical		(AS DECEASED EVER IN U.S. ES NO OR UNKNOWN) NKNOWN	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT			ords Department neral Hospital,	827 Lin	den Ave.
injury, or other troum	NC	Canditians, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, C	DR AS A CONSEQU	ENCE OF	NOT RELATED TO THE TERM	ninal disease or condition G	IVEN IN PART 1	a
Hygiene prior	L CERTIFICATION	190. DATE OF OPERATION une 22, 1981 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	Left 216. TIME C	Ischial DE INJURY	Ulcer		IN CERT	ES, WERE FINDI IFYING CAUSES (ES	NGS USED S OF DEATH? NO
ed or Item	MEDICAL	216. INJURY OCCURRED WHILE NOT WHILE	21e. PLACE	.M. OF INJURY REET FACTORY, OFFICE	19 FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
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MPORTANT: If It		224 F TYSICIAN'S NAME (TY)		ne	2	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN X	6/25	
5	1	URIAL, CREMATION, REMOV SPECIFY Removal	AL 236 DATE	8/81	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY	STATE
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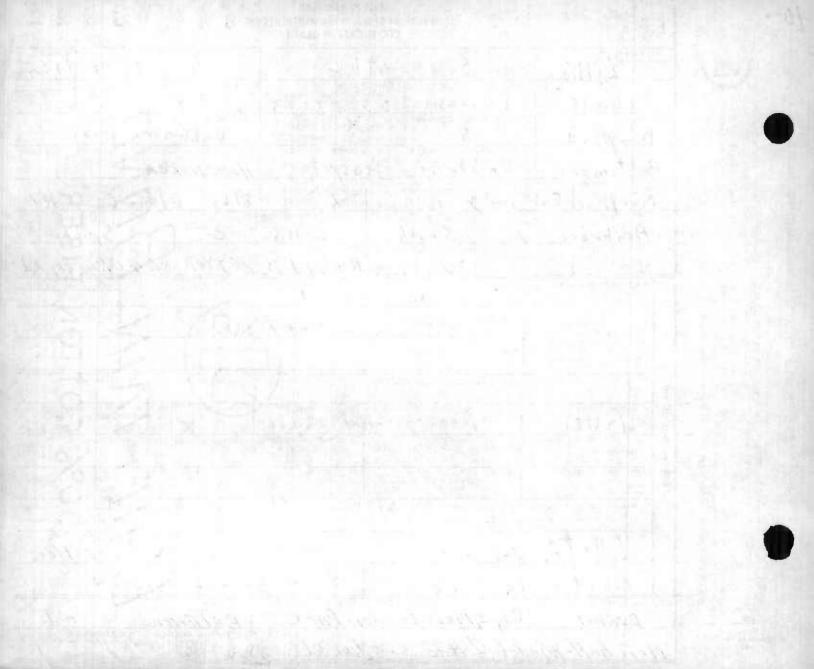
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STATE OF MARYLAND

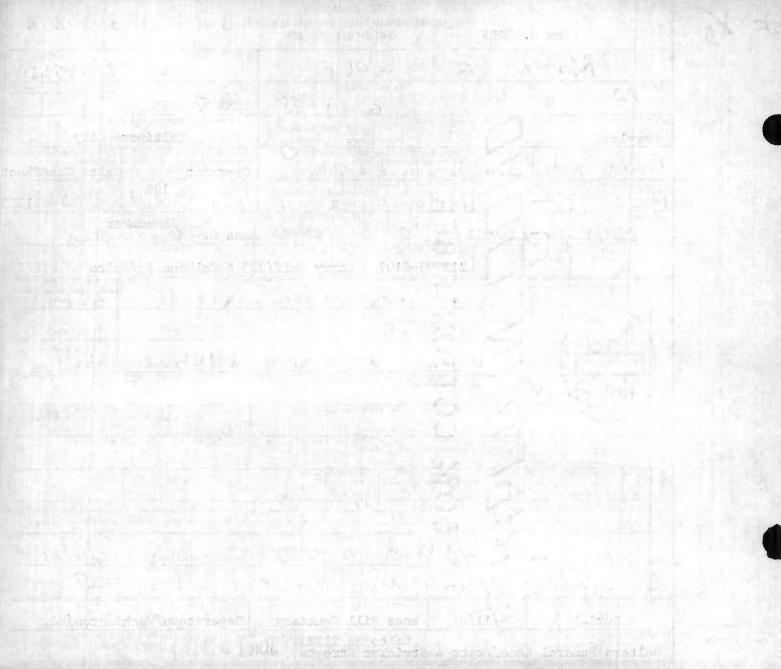
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9 WE		CEASED NAME FIRST	T . 6-T	WIDDLE	. IT C	THUR VAC	20. DATE OF DEATH	MONTH	DAY YEAR	26 HOUR
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sicial spers. ral.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly ane cause per	line far (a), (b), and	(c).)				BETWEEN	MATE INTERVAL
rtific phy on po emov		PART I. DEATH WAS CAUSE	D BY: E CAUSE (a)	PROBABLE A	ACUTE	MYOCARDIAL IN	NEARCTION_			
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the the emp		gave rise to immediate cause (a), stating the	DUE TO O	R AS A CONSEQUE	NCE OF					
that by base ol, cr		underlying cause last.	(c)			ROTIC CARDIO	OVASCIII AI	DICE	TACE	
gned n plec burio ry. or		PART 2. OTHER SIGNIFICANT		ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	EN IN PART TO	
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bee rmit.	CERTIFICATION	190 DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDIN	
The later of the l	TIF						YES NO X	YES		NO [
N P P P P P P P P P P P P P P P P P P P		210. ACCIDENT WAS UNDERLYING	216. TIME O	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF IN	URY IN ITEM 18 P	ART (OR PART 2)	
SKCIA ng pl certif mol-t tentol	CAL	OR CONTRIBUTING CAUSE OF DEA	1115		19					
HY A M P P	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFFICE, FA	DAA ETC I	21f. LOCATION	CITY OR.1	OWN	COUNTY	STATE
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OR A house ched ched bept lterr		226. SIGNATURE	- 000	Let	-	DEGREE		M	22c. DATE	SIGNED
Y the Call Call Call Call Call Call Call Cal		THY	-/YV	W	1	PHYSICIAN [MEDICAL ST. DIRECTOR PHYS	AFF ICIAN X	6-9	-81-81
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DHMH - 16 50M 1/B1	24 FI	NERAL DIRECTOR Schi	munek	Funeral	Home	Inc. 250. DATE	REC'D. BY REGISTRA	R 256. REGIST	RAR'S SIGNATI	URE
(VRA 15, 4)		3331 Brehms	LaBa	lto., M	d. 2	21213]	IN 12 1981	this	May Mis	Credy
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John C. Miller Inc. 6415 Belair Rd.

FOR

STATE

REGISTRAR

Burial

24 FUNERAL DIRECTOR

STATE OF MARYLAND

CERTIFICATE OF DEATH

Western Cem.

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. NO

2b. HOUR

17h KIND OF BUSINESS OR

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APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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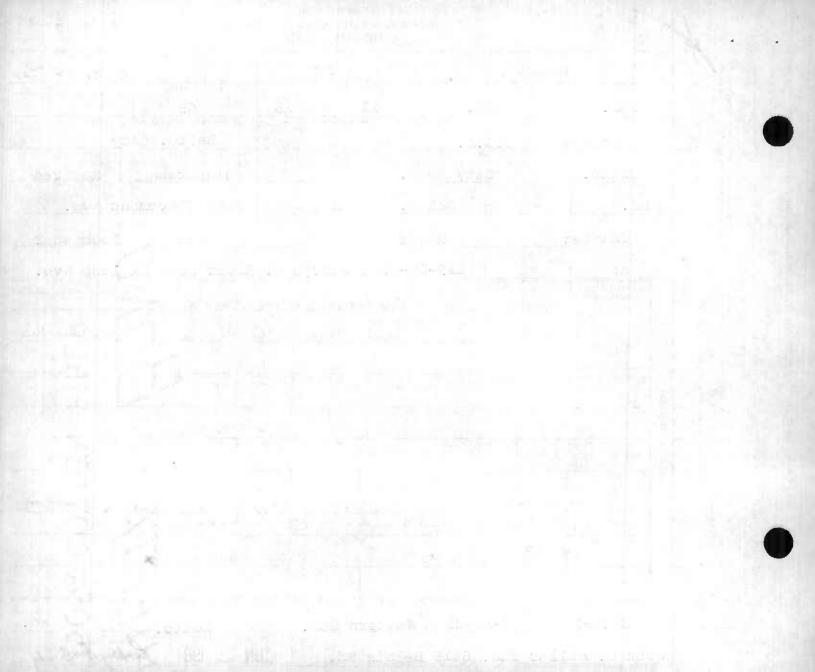
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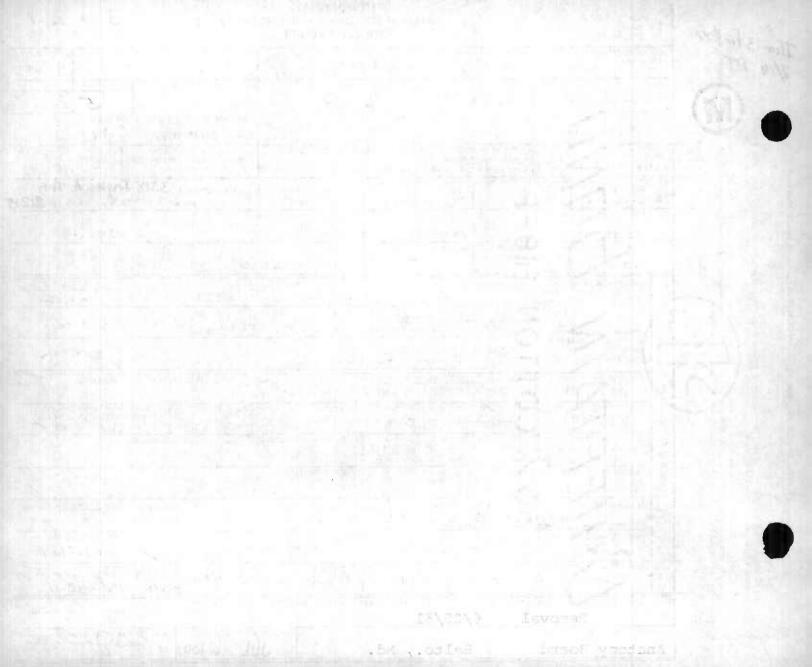
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE Frem 13 for Hosp. - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 7/10 27 I. DECEASED NAME 2a. DATE OF DEATH (TYPE OR PRINT) (1)000 8 Baby (oirl 3. SEX 4. RACE IF UNDER 1 YEAR 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS YEAR de male Rlack 81 In BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH THE CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED TMORE Baltimore WIDOWED DIVORCED T 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION 126 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore university of md. none none USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 3318 Inaleside Aux 130. STATE MO -1136. COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Univ. of me Baltimore ites Beltmore NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Wood Chuson Clarence Rosalee ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16h SOCIAL SECURITY NO Rosalee Wood ND 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY -respiratory ardio 11/2 hours IMMEDIATE CAUSE (o DUE TO, OR AS A CONSEQUENCE OF bowel disease necrotizina Conditions, if ony, which gove rise to immediate couse (o), stoting DUE TO, OR AS A CONSEQUENCE OF failure underlying couse heart PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 CERTIFICATION possible chromosomal alonormalitu In DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED 6115181 IN CERTIFYING CAUSES OF DEATH? necrotizing enterocolitis NO P NO 210. ACCIDENT WAS UNDERLYING 21h TIME OF INTURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21f. LOCATION 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE AT HOME STREET, FACTORY OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from. 6-18 81 sow the deceased alive on ____ ..., and that in (my) (our) opinion death accurred on the date and hour and from the causes stated obove, (1) (we) (did) (didbot) view the body ofter death. 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 6/18/8/ FUNERAL I DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 774. PHYSICIAN'S NAME (TYPE OF PRINT) 77e ADDRESS 22 South Green St shoul with 23a. BURIAL CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION CITY OF TOWN COUNTY STATE 6/25/81 Removal 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. RESISTRAR'S STONATURE DHMH- 16 30M 2/80 170 (VRA 15, 4) Balto., Md. Anatomy Board

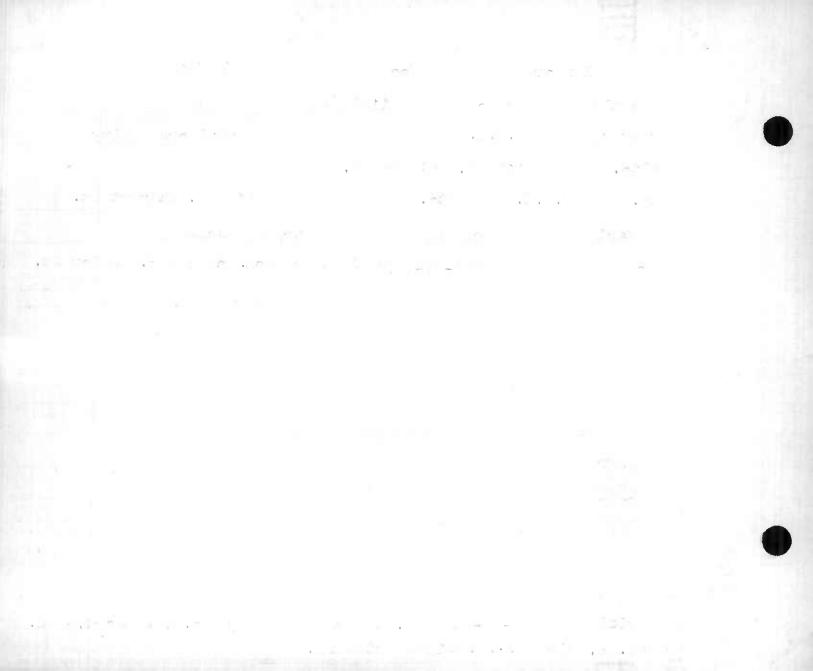


STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE



FOR

REGISTRAR

- STATE

BP.

DHMH-16 30M 2/80 (VRA 15, 4)

24 FUNERAL DIRECTOR

TARRING FUNERAL HOME, P.A.

MONTH 6 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR BALTIMORE CITY OR COUNTY OF DEATH 218 HOPEWELL ROAD K. WODDRUFF CHURCHVILLE, MD. 2102 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 RART I OR RART 2) CITY OR TOWN and that in (Xy) (our) opinion death accurred on the date and have and from the causes stated STAFF DIRECTOR PHYSICIAN

ABERDEEN, MD, 2100

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

COUNTY

81

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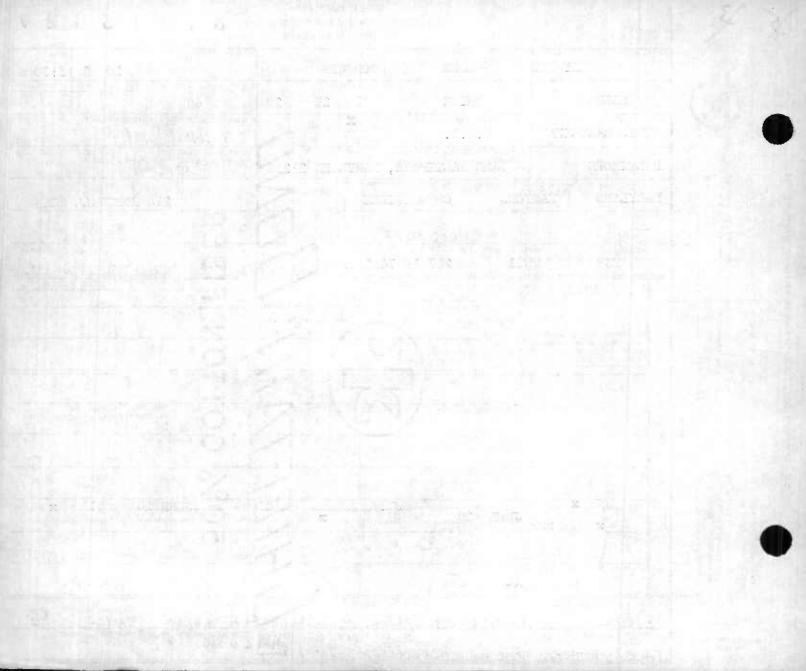
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22c. DATE SIGNED

5:30 am

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STATE OF MARYLAND

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STATE OF MAKTLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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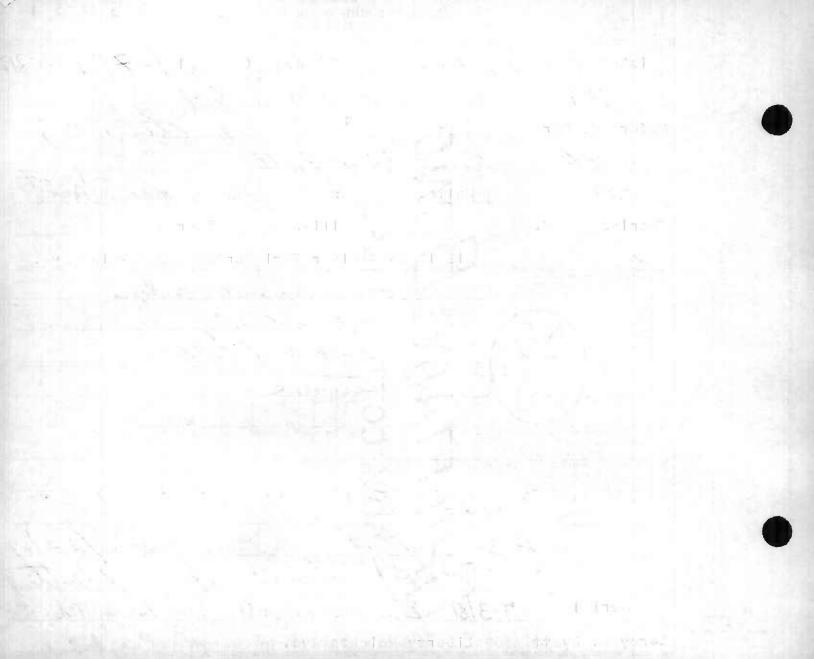
MONTH

2g. DATE OF DEATH

- STATE

REGISTRAR

DECEASED NAME



1		FOR - STATE	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HY	GIENE 8 5 8 3 2
Sam	Ľ	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
15		CEASED NAME FIRST E OR PRINT)	MIDDLE (AST	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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Page 4 mo)	3. SE	×	NEGRO S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY) FUNDER I YEAR IF UNDER 24 HRI MONTHS DAYS HOURS MIN YRS.
th 12 23		IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY? 8 MARRIED & NEVER MARRIED WIDOWED DIVORCED D	
by the fune filled within		BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) UNION MEMORIAL HOSPITAL	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LABORER R
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on and co	16a	NAS DECE ASED EVER IN U.S. AR YES, NO OF UNKNOWN) UF YES OF	MED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT 250 20 6289 MARY MIT	19ht 1817 E. 31at St
that the death certificate deby the ottending physicalease remove carbon paper ial, cremation, or removal.		PART 1. DEATH WAS CAUSE	DUE TO, OR AS A CONSEQUENCE OF (c)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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CIAN: The physicic striftcote of tronsit and Hygis	2	21a ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DE	TH HOUR A.M. MONTH DAY YEAR	YES NO YES NO REPRETED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
DING PHYSIC or attending After this cer is as the burio alth and Ment marked ar Iter	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 21I LOCATION STREET	CITY OR TOWN COUNTY STATE
TTEN pitol TOR for us of He		sow the deceased alive an above (1) (we) (did) (did no	N view the body after death.	n death accurred on the date and hour and from the causes stated
by the hos by the hos ERAL DIREC Stote Dept.		22b. SIGNATUR	DEGREE ATTENDING PHYSICIAN R PRINT 1220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN 6-14-81
TO HOSPITAL (retoined by the TO FUNERAL B should be detoined in the Store I IMPORTANT: If	720	R LOC BURIAL, CREMATION, REMOVAL	Los Stevens MD 201 E. (1236, DATE / 1236, NAME OF CEMETERY OR CREMATORY	how. Pkuy Balto, MD
06BP		SPECIAL, CREMATION, REMOVAL	6/18/81 BALTIMORE	ATE REC'D, BY REGISTRAR 256 BEDISTRAR'S SIGNATURE
DHMH: 16 30M 2/80 (VRA 15, 4)	2	CKS FUNER	AL HOME 1304 M. Central QUIN	1 5 1981 Fritzy rebury

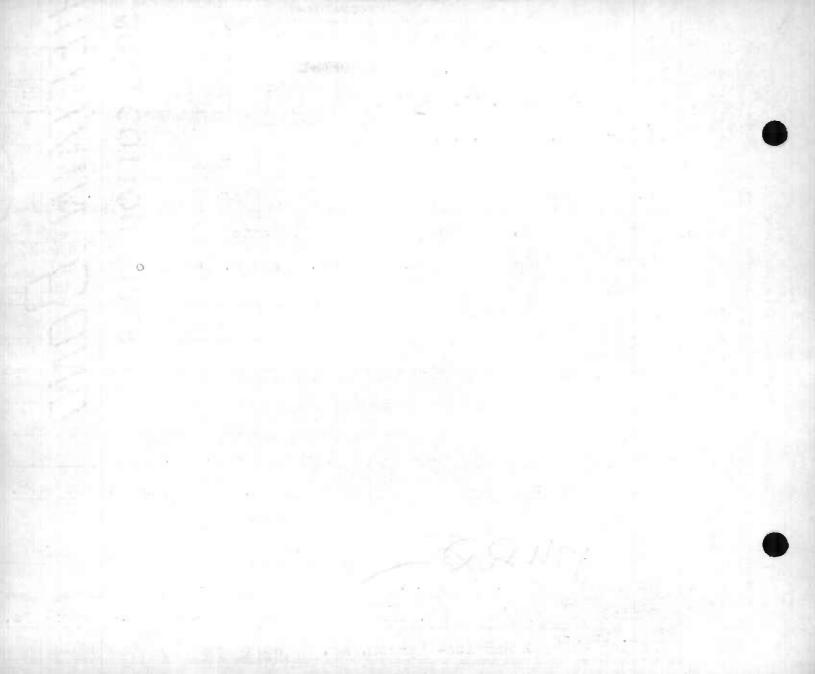
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AND SERVICE COMMISSION OF SERVICE COMMISSION

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME 2b, HOUR (TYPE OR PRINT) DEATH MATED 1881 JOSEPH 6-22-WYATT 4. RACE 5. DATE OF BIRTH क्षेत्रकार ही SEX YEAR AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS 2c. DATE YEAR LAST BIRTHDAY) male PRONOUNCED black 2-15-54 6-22-10 81 27 7b. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY BaltimoreCity U.S.A. Balto.. WIDOWED DIVORCED IN 24 HOURS AFTER DEATH. IF ANY DELAY IS IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FLACONG WITH FORM PM 3. RETAIN PAGE SIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED. HYGIENE, DIVISION ON WAY RECORDS, 201 W ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE!
Construction Baltimore S'AHanover Street OR INDUSTRY 3100° USUAL RESIDENCE (IF IN NURSING HO. OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 130. STATE 13c. CITY OR TOWN Maryland Baltimore Thomas Ave. NO P YES K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Mildred Wyatt Kenneth Green 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO ADDRESS (YES, NO, OR UNKNOWN) No Mildred Wyatt 1507 N. Carey St. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) F MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D.L., CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Drowning IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost PART 2 DIVER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (e. CERTIFICATION USED AS 100 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO MEDICAL EXAMINER: THIS CERTIFICATE SHOUL EXECUTE THE CERTIFICATE, WRITING THE WORD "PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HIBALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES XX NO T 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR 30 PMONTS DZZ -818 subject dove into water of unknown depth 21e PLACE OF INJURY 211. LOCATION WELLETRY, FARM, ETC. 3100 S. Hanover Street Baltimore Maryland WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held an Inspection and in my opinion Accident XX death resulted from: Natural causes Homicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant MEDICAL EXAMINER SIGNATUR EXAMINER'S NAME MargaritaA.Korell.M.D. 111 Penn (TYPE OR PRINT) Street 230 BURIAL, CREMATION, REMOVAL DEST. DATE 23c NAME OF CEMETERY OR CREMATOR 23d. LOCATION COUNTY STATE Burial 6-27-81 Mt. Auburn Cemetery Baltimore BP 750 DATE REC'D. BY REGISTRAR 756 SEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH-17** C. Brown (VR A15 ME (5)) North 15M 2/80

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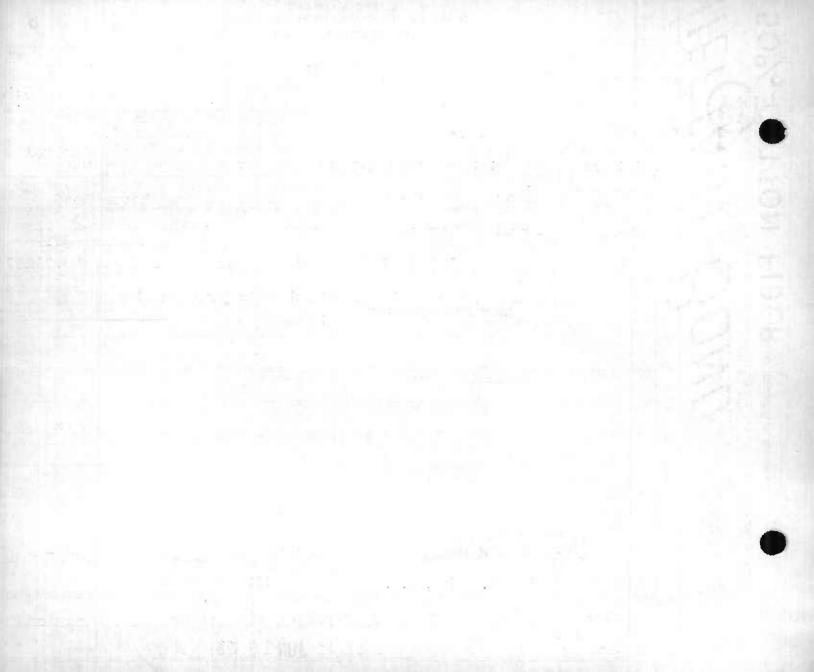


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DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN XX MONTH 75 HOUR (TYPE OR PRINT) OF ESTI-E. DEATH MATED Rov 6 1510 81 Yarnell 24 HOUR 7:10 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOLINCED 65 YRS White 11 1916 15 10 81 DEAD 6 Male a. M 71 CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OF 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY]
Pennsylvania MARRIED X NEVER MARRIED U.S.A. Baltimore City WIDOWED DIVORCED 2, AND 3 TO THE FU 3. RETAIN PAGE 5 SHOULD BE FILED, 10. CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)
Inspector Baltimore City Hospitals Baltimore Motors OME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 13e STREET ADDRESS Baltimore Dundalk 13d INSIDE CITY LIMITS? Maryland 8058 Gray Haven Road NO X T. PAGES 1 AND 2 SE DIVISION OF WITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, Elizabeth Edward Yarnell Mather Fllwood Marv 16h SOCIAL SECURITY NO 7. INFORMANT 8058 Gray Haven Road 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 180-07-1287 Calvin R. Yarnell Balto., MD. 21222 No 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).). BETWEEN ONSET AND DEATH Hypertensive Arteriosclerotic Cardiovascular IMMEDIATE CAUSE (a)____ TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 2 EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 18 PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TO FUNEAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL-TRANSIT ARE REBATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HY SHATE DEPARTMENT OF HEALTH AND MENTAL HY SHATIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO' Disease Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO. 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X NO [21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 21f. LOCATION STREET STATE CITY OF TOWN COUNTY AT WORK NOT WHILE AT WORK 22s. I certify that I took charge of the remains described above, held an and in my opinion death resulted from: Natural causes Undetermined manner TITLE (SPECIFY) ACTUAL 6-15-81 Assistant SIGNATURE EXAMINER'S NAME III Penn Street Virginia L. Dolan, M.D. (TYPE OR PRINT) 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Burial 6/18/1981 Gardens Of Faith Baltimore Maryland BP. 24 FUNERAL DIRECTOR Duda-Ruck, ADDITION. 250. DATE REC'D. BY REGISTRAR 25h REGISTRAR'S SIGNATURE **DHMH-17** Dundalk, MD. 21222 Wise Avenue (VR A15 ME (5) T5M 2/80

STATE OF MARYLAND

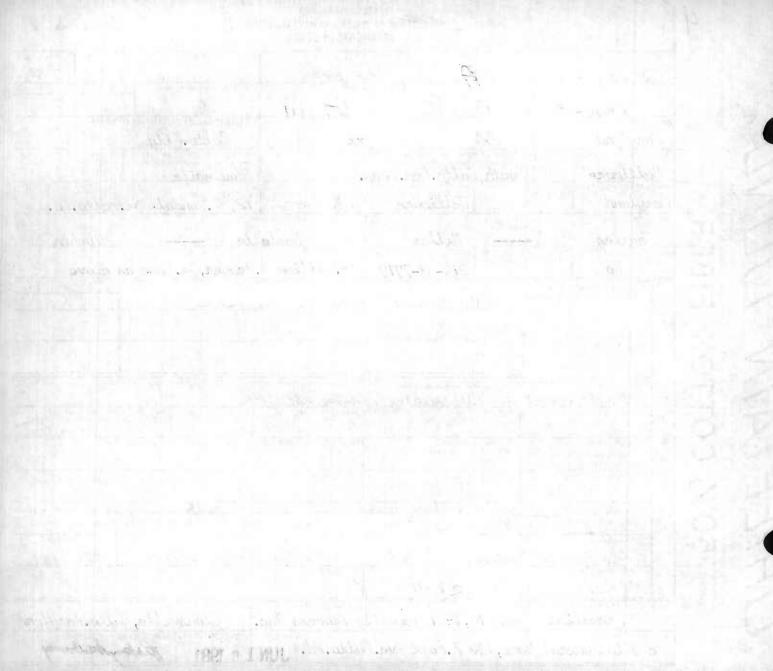


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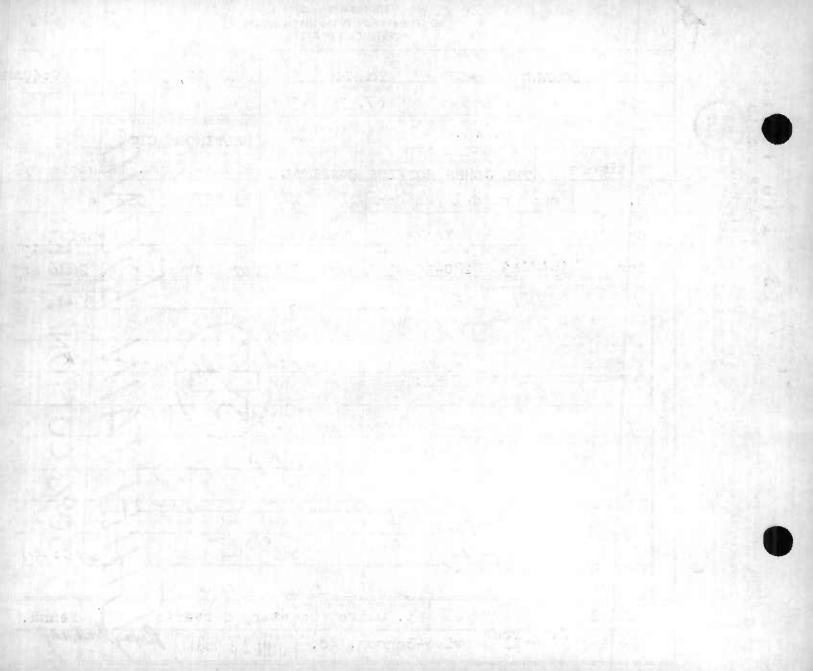
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

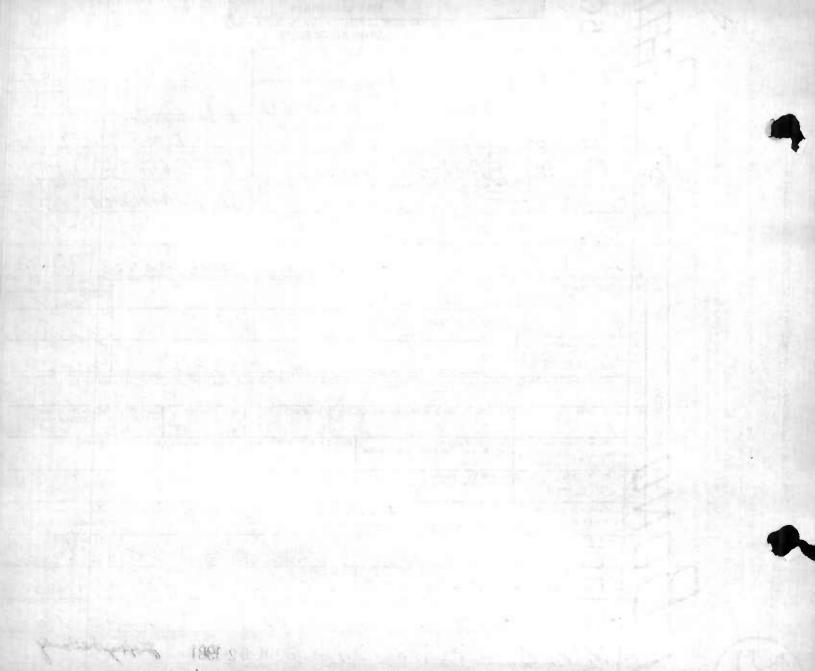


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN P MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-1981 6-9 Yerby URS AFTER DEATH. IF ANY DELAY'S NECESSARY, REASE B. GIVE PAGES 1, 2, AND 31 THE FUNEXAL DIRECTOR. WITH FORM PM. 3. RETAIN PAGES 1 FOR YOUR FILES. T. PAGES 1 AND 2 SHOULD BE RILED. WITHIN 72 HOURS. DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, Thelma DEATH MATED 3. SEX 4. RACE DATE OF BIRTH & AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS YEAR 12402 DATE MONTH DAY YEAR LAST BIRTHDAY) PRONOUNCED 1,81 female black DEAD 7a. BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED IGN COUNTRY DIVORCED WIDOWED Y OR JOWN OF DEATH OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS FOR MOST OF WORKING LIFE OR INDUSTRY Appleton Street Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 1715 K 13d. INSUDE CITY LIMITS? HIMORE 14. FATHER'S NAME MUDDLE DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, 0 TERSON 160. WAS DECEASED EYER IN U.S. ARMED FORCES? INFORMAN ADDRESS SOCIAL SECURITY NO IYES, NO. OR UNKNOWN (IF YES, GIVE WAR OR DATES) ITEM 18. GIVE 18 CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c). LUSED AS A BURIAL - TRANSIT PERMIT.
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OF HEATTH AND MENTAL HYGIENE, D
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960	MEGRO 526 1892 89 YRS.	
d by my	70. BIRTHPLACE STATE OR FOREIGN 75. CITIZEN OF WHAT COUNTRY? . MARRIED . NEVER MARRIED . 9 BALTIMORE CITY OR COUNTY	OF DEATH
9 1/8/1/	SO. CAROLINA U.S.A. WIDOWED DIVORCED D	CITY MD.
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ALTIA e be con ers. F		43 Chilley ve
st., BAL rtificate a physici an paper emaval.	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DING PHYSICIAN: or attending physicians the buriel-trans oith and Mental Hygmarked or them 18 simmarked or them 18	WHILE NOT WHILE AT WORK AT WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY STATE
D A e e	220.1 certify that (1) (this hospital) attended the deceased from 11/10/78 19 to 6/76	19_87_, that (1) (we) lost
TTEN pirol for us	saw the deceased give on . 6 / 2 (a) 19 57 and that in (my) (gur) anining death accurred as the data and have	
A SO D P E	above, (I) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE DEGREE	22c. DATE SIGNED
tach tach	ATTENDING MEDICAL STAFF	THE DATE STORED
by by by Stot	PHYSICIAN DIRECTOR PHYSICIAN 2204. PHYSICIAN (IYPE OR PRINT) 2204. PHYSICIAN 2	6/26/81
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of Show with	230. BURIAL, CREMATION, REMOVAL 236. DATE , 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION	10 4/202
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DHMH-16 60M 1/73	24. FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGIST.	PAP'S SIGNATAIDE
(VR A 15 (4))	Veenen R Britary 13 VS W. Calpayer St. 111 02 1981	CALL DE CALLED
(-1	VERNON K. BARCEL 1048 10, (12/16UN) [311 UZ 130]	



(VRA 15, 4)

STATE OF MARYLAND

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1	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8	15342
	REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT)	OMAS EDW	LAST C	REG. NO. 20. DATE OF DEATH MON	10 0 50
(M)	MALE	1. RACE WHITE	5. DATE OF BIRTH MONTH 9 26 19	6. AGE (IN YEARS LAST BIRTHDAY	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
35	d. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland	76 CITIZEN OF WHAT COUN U.S.A.	MARRIED XX NEVER MARRIED L. WIDOWED DIVORCED	Balti:	OUNTY OF DEATH MORE City MD
Bed interest	Baltimore	Baltimore	City Hospital	176. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WO Mechanic	DRKING LIFE) 126. KIND OF BUSINESS OR INDUSTRY Automotive
	Maryland A	e or other institution, give residence DUNTY 13c CITY OR Ferno	dale YES NOX	104 Glenmo	nt Avenue
0.20		anklin You	ng Anna	Virgini	a Ladana
2 medicol		GIVE WAR OR DATES)	9-7479 Gertrude	Young s	ame as above
ne prior to buriol, cremotion, or r ws ony injury, or other troumotic					ON GIVEN IN PART 1(0) b. IF YES, WERE FINDINGS USED
o smouth of	STIFIC			YES NO	YES NO NO
ked or Item 1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF ETTHER, NOTIFY MEDICAL EXAM) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	DEATH HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED JENTER NATURE OF INJURY IN	COUNTY STATE
Dept. of He Item 21 is	yow the decessed alive	spito) ottended/the deceosed from not) vie the Body after death.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	19 6/ , tho () (we) lost ond hour ond from the couses stated
should be detached with the Stote Dept.	224 PHYSICIAN'S NAME (TY	E OR PRINTI PARK	ER BALT	IMORE CI	TY HOSPITALS
v 3 ≤ 2	Burial Burial Burial	23b. DATE 6/22/81	230 NAME OF CEMETERY OR CREMATORY Glen Haven Cem.	Glen Burn	ie, A.A. Maryla
M 7/77 4))	Raymobd C. F	ink Glen	ss 25 B	VE SEC'S. BUREGISTRAR 256	REGISTRAR'S SIGNATURE

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THERE STATE	Hamilton Indiana	Lagrage	more Cury Ho	ates	or contails
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	99 sts = 5 600z gn#		2147-20-1C	Ception	
			EUR TENTE V		
			Tale about		

	1	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	1534
		CEASED NAME FIRST	MIDDLE LAST 20. DATE OF DEAT	G. NO. TH MONTH DAY YEAR 2b HO
1)	1.58			ST BIRTHDAY) IF UNDER LYEAR IF UNDER MOUNTS DAYS HOURS
33	M	aryland :	MARRIED NEVER MARRIED WIDOWED DIVORCED D	Figure Coly
37	1	RESIDENCE WHIRSING HOME OR C	NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT INSUSPITALINITY, GIVE STREET ADDRESS) THER PHYSTITUTION, GIVE RESIDENCE FORE ADMISSIONY	the of the property of the state of the stat
33	13a	STATE MAN SOUNT	134 INSIDE CITY LIMITS? VES NO X 15. MOTHER'S MAIDEN NAME	27 Baker Lun
038		NAS DECEASED EVER IN U.S. ARN	ED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT AI	DDRESS Trager
12		YES, NO OR UNKNOWN) (IF YES, GIVE WW CAUSE OF DEATH (Enter only		r 4027 Baker L
other traumatic event		PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.		_
ay inquiry, or	ATION	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY?	
2	CERTIFICATION	***************************************	YES NO	IN CERTIFYING CAUSES OF DEA
ked or frem 18	MEDICAL CE	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOTIWHILE ATWORK	HOUR A.M. MONTH DAY YEAR P.M. 19 211 LOCATION	FINITION IN ITEM IS PART I OR PART 2) OR TOWN COUNTY
# New 21 is more		22a.1 certify that (1) (this hospital sow the decrosed alive and above, (1) (we) (did) (did not) 22b. SIGNATURE	view the body offer death. DEGREE ATTENDING MEDICAL	STAFF 17 PATE SIGNED
WPORTANT		22d PHYSICIAN'S NAME TYPE OR	PHYSICIAN DIRECTOR PH	YSICIAN
1 5	23a.	BURIAL, CREMATION, REMOVAL SPECIFY) Burial	236. DATE 23c. NAME OF CEMETERY OR CREMATORY Gardens of Faith Overless	Baltimore, Mc
1/81 ()	24 F	UNERAL DIRECTOR		RANGE REGISTRAR'S SIGNATURE

STATE OF MARYLAND

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CEKIII	ICATE OF DE	AIR	REC	NO.		
		CEASED NAME OR PRINT)	Ruth		AIDDLE	Zalo	nko		20 DATE OF DEAT		6/81	8:55A
Y.	3. SE	Female	4. F	RACE Whi	te	S. DATE C		ŏ ²	6. AGE (IN YEARS LAS	T BIRTHDAY)	MONTHS DAYS	HOURS MIN.
5	P	RTHPLACE (STATE OR F COUNTRY) ennsylvani	a	U.	WHAT COUNTRY? $S_{ullet}A_{ullet}$	MARRIE	- Charles - Char	RCED [9 BALTIMORE CIT		Y	MD.
0	Ва	TY OR TOWN OF DEA		S 7	OSPITAL, NURSIN FACILITY, GIVE STREET AGNE	ADDRESS)	OR OTHER INSTIT	UTION	12a. USUAL OCCUP (TYPE OF WORK FOR MC Nurse	ST OF WORKING		N.
5	13a. S	al residence (if nurs state aryland	No COUNTY		GIVE RESIDENCE BEFORE 13c. CITY OR TOW Arbutus		13d. INSIDE CITY YES \(\begin{array}{c} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	LIMITS?	13e STREET ADDRE		2122 Road Ar	7 butus, Mo
30	14 FA	Thomas	MIDE	DLE	Stephe	ens	15 MOTHER'S M FIR Ma	57	E .			NOWN
2		VAS DECEASED EVER (ES. NO OR UNKNOWN) NO	IN U.S. ARMEI		216-28-8		Richar		Zalonko 11		timore, urtney R	
		Conditions, if ony, gove rise to imm couse (0), statin underlying couse	nediate ig the	(p)	AS A CONSEQUE	lofe	brosis					
	NOI	PART 2. OTHER SIGN	NIFICANT CON Ketasi		ontributing to a	DEATH BUT	NOT RELATED TO	o the term	1 42	ondition o		ing
1	CERTIFICAT	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM	AED	YES TO NO	IN CER	YES, WERE FINDI	
1		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEATH	21b. TIME OI HOUR A./ P./	M. MONTH DA	AY YEAR	î îc. HOW îNJU	RY OCCURR	RED (ENTER NATURE OF	NJURY IN ITEM I	IS PART (OR PART 2)	
4	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR	IILE 🗍	21e. PLACE ({AT HOME STR	OF INJURY EET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY C	RTOWN	COUNTY	STATE
		220.1 certify that (1) sow the decease above, (1/(we)) (c	d-alive on	6/26	19			ur) opinion o	deoth occurred on the	e dote and h	nour and from the	that (1) we lost couses stated
		22b. SIGNATURE	leam	22	Lecken		PH	ENDING YSICIAN	MEDICAL S	STAFF YSICIAN	22c. DAJE	26/81
		22d. PHYSICIAN'S NA	AME (TYPE OR PR	IL CL	KAI		22e ADDRESS	- 00	wes 1	600		/

23c. NAME OF CEMETERY OR CREMATORY

DHMH-16 30M 2/80 (VRA 15, 4)

BP.

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

FOR - STATE

6/29/81 Burial Palto., Md. 21229
Hubbard Funeral Home, Inc, 4107 Wilkens Ave.

23b. DATE

Brooklyn Pk CANTA. Co. STMd. Cedar Hill Cemetery BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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1				FMARYLAND			
1	1 - STATE		EPARTMENT OF HEA		0 1	5 3 4	5
10	REGISTRAR 1. DECEASED NAME FIRST	MED	MIDDLE		OF DEATH REG. NO		
	(TYPE OR PRINT) -		WIDDLE	LAST	OF ESTI- DEATH MATED		26 HOUR
PLEASE ECTOR. FILES. HOURS	Dav			Zeller		6 14 19 81	м
E SE SE	3. SEX 4 RACE	5. DATE OF BIRTH MONTH DAY	YEAR LAST BIRTHDAY	UNDER 1 YR. IF UNDE	R 24 HRS. 2c. DATE MIN. PRONOUNCED	MONTH DAY YEAR	26 HOUR 1:05
O S C C C C C C C C C C C C C C C C C C	Male White	June 12	1949 32 YRS.		DEAD	6 14 1981	D. M
NECESSARY, CUNERAL DIR 5 FOR YOU WITHIN 72 W. PRESTON	FOREIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY? 8. M.	RRIED NEVER MAR	RIED 🔼	OR COUNTY OF DEATH	
	Pennsylvania	U.S.	A. WID	OWED DIVOR	CED Baltimore		MD.
SEE SEE	10 CITY OR TOWN OF DEATH	11. NAME OF HOSP	ITAL, NURSING HOME, OR I	OTHER INSTITUTION	12a. USUAL OCCUPATION (TYP FOR MOST OF WORKING LIFE)	OF WORK 12b KIND OF BI	JSINESS RY
DELAY N PACH SDS, 20 TO THE SDS, 20	Baltimore	Baltimore	City Hospita	ls	Labor		
SETA 3	USUAL RESIDENCE IN IN NURSING HOME	OR OTHER INSTITUTION, GIVE VTY	RESIDENCE BEFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e STREET ADDRESS		
照공품/〉		ohin Co.	Middletown	YES NO 5		ilding	
TAL	14. FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIL		LAST	
220	Herbert K.	Zeller		Ethel		5001	
X 2	160. WAS DECEASED EVER IN U.S. AR	MED FORCES?	166. SOCIAL SECURITY NO.	17 INFORMANT	ADDRESS	170)57
	Yes Viet		208 38 5981	CLYDE CO	BLE 208 N. UNION		
۵	18 CAUSE OF DEATH (Enter of	nly ane cause per line f	ar (a), (b), and (c).)			APPROXIMAT BETWEEN ONSE	E INTERVAL
A ENERA	PART I DEATH WAS CAUSE	(D BY: (TE CAUSE (a)	Thermal Burr	S			TALL DE MILL
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PRANT. AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENIAL HYGIENE, D BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	78/6/		AS A CONSEQUENCE OF				
REA	Canditians, if any, which gave rise to immediate						
R Z S	cause (a) stating the <u>under</u> lying cause last.	DUE TO, OR A	S A CONSEQUENCE OF				
N O O	Tyling coose tosi.	(c)				30	
EMAT	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	IT NOT RELATED TO THE TERMINAL DI	EASE OR CONDITION GIVEN IN I	ART 1 o		
ğ —	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH OPERATION	I WAS PERFORMED?		20. AUTOPSY	2
- RA	PIC.						
E E	210. EXTERNAL CAUSE WAS	21b. TIME OF 1	NJURY 21	HOW IN JURY OCCURE	RED (ENTER NATURE OF INJURY IN ITEM 18 I	YES L	ХХои
<u> </u>	UNDERLYING XXOR CONTRIBUTING TICAUSE OF	HOUR XXXX	MONTH DAY YEAR				2 13 7
2	21d. INJURY OCCURRED	21e PLACE OF	6 13 19 81 p	assenger in	truck that ran	off road and	
į į	WHILE NOT WHILE E		RY, FARM, ETC.)	STREET .	CITY OR TOWN	COUNTY	STATE
4	AI WORK & AI WORK	, ,	oad [F	ershey Pk.D		Derry Town	ship.
1	226 I certify that I taak char	ge of the remains descr		tapsy , Inspecti	an X, Inquiry . Dat	in my apinion P	۵.
200	death resulted fram: Natu	ral causes 🔲 , 🔝	Accident X, Suicide	, Hamicide,	Undetermined manner,		
\$	ACTUAL HILLAN	V K	Dan .	TITLE (SPECIFY)		DATE	01
KE.	SIGNATURE	ia -N	van	M.D. Assista	MEDICAL EXAMINER	SIGNED 6-15	-81
WO	EXAMINER'S NAME	rainia	Dolan M.D.		III Dawn Chin		
			Dolan, M.D.	ADDRESS	III Penn Street		
80	230. BURIAL, CREMATION, REMOVAL	236 DATE 6/17/1981	MI DDLETOWN		MI DOLETOWN	PENNSYLVA	NIA
	24 FUNERAL DIRECTOR	ADDRESS	Peni	a. 25c. DATE	REC'D. BY REGISTRAR 25	SEAR'S AND SEARCH	
	Coble Funeral Hom			1.5.10	V 1 6 1981	7	
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BALTIMORE,

DIVISION OF VITAL RECORDS,

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	L			STATE OF MARYLAND		
4		FOR - STATE REGISTRAR	DEPA	RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 REG. N	0.
	Ī	DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
9 7		Ste	Ma C.	Zurek		6 - 8-81 1042
yor by	3	SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24
The state of the s)	FEMALE	White	MONTH DAY YEAR	73	YRS.
o d	7	BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTE	DV2 8	O BALTIMORE CITY	R COUNTY OF DEATH
the state of	6	MD.	11. S.A	MARRIED NEVER MARRIED WIDOWED DIVORCED		City
- P	2 1	CITY OR TOWN OF DEATH		RSING HOME OR OTHER INSTITUTION	12a USUAL OCCUPAT	
40 th	8	BALTO. City	LINIVERSILY	1 HOSpital	Shirt Pr	esser ——
hour be the		SUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BE		? 13e. STREET ADDRESS	
24 h filled buld b	6	MD	BAC			RATT ST.
tely 2 sh	1	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	1447
mplete and 2	0	PETER	- ZUREX	2 DOROTA	t V	KUBIAK
= 0	1.	WAS DECEASED EVER IN U.S. A		ECURITY NO. 17. INFORMANT	ADDR	
Poges		(YES, NO OR UNKNOWN) (IF YES, G	GIVE WAR OR DATES) 214-15	3-7610 DEROTHYR	EFDER 865	2 ROCK ONK ROB
te b	-	18 CAUSE OF DEATH (Enter	only ane couse per line for (a), (b),			APPROXIMATE INTERVA BETWEEN ONSET AND DI
certificate b ng physicia banpapers r remaval. ic event, the		PART I. DEATH WAS CAUS	SED BY:	110 respiratory	arrest	
	- 1	17119 IMMEDI		9		
death attendi ave cor itian, or			DUE TO, OR AS A CONSE	the state of the s		Are the second
atio britio	- 1	Conditions, if any, which gove rise to immediate	(p) (24.	east Ca		
not the death ce by the attendin use remove carb cremation, ari		couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	QUENCE OF		
+			(c)			
quires signed hen pli to buri				TO DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CON	DITION GIVEN IN PART 1(a)
red y in y	_	hyper nephr		IICH OPERATION WAS PERFORMED	20a AUTOPS	20b. IF YES, WERE FINDINGS USED
law r	3	Nyper rephr 190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH
The cian cian sit p	4				YES NO	YES NO
SICIAN: The physician properties of the physician properti				DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2)
SICIA ng ph certifi rial-tr ental		(IF EITHER NOTIFY MEDICAL EXAMIN		19		
		21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	211. LOCATION	CITY OR TO	OWN COUNTY STA
DING PHY or attending After this e as the bu ofth and M marked or		WHILE NOT WHILE AT WORK	TAT TOME, STREET, TACTORY, OFF	RE, PARM, ETC J		
DIN Port		22a I certify that (I) (this has	pital) attended the deceased fra	om 5 - 13 - 19	81 , to 6 -	8-, 19 8 (, that (I) (we
TEN OR OR		saw the deceased alive o	on 6-8-1	~ 1	nian death accurred an the d	ate and haur and from the causes state
AT AT OSP	- 1	abave, (I) (we) (did) (did i 22b. SIGNATURE	nat) view the bady after death.	DEGREE		22c. DATE SIGNED
조 도 교 등 등 등		220. SIGNATURE	0 20	O ATTENDIN	G MEDICAL STA	FF
T D D D D D D D D D D D D D D D D D D D		Low , make	wolsen the	PHYSICIA	N DIRECTOR PHYSI	CIAND
		10000				
by the by the ERAL I		224. PHYSICIAN'S NAME (TYPE	E OR PRINT)	22e ADDRESS		
by the by the ERAL I		22d. PHYSICIAN'S NAME (TYPI	Freeland N		reene St	Ballo mda
		Howard BURIAL, CREMATION, REMOVA	Freeland n		RY 23d LOCATION	
by the by the ERAL I		Howard	Freeland n	ND 2256	RY 23d LOCATION	Bella Mazi

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